

# RESPONDING TO CHILD ABUSE IN THE KINGDOM OF SAUDI ARABIA (KSA): THE ROLE OF PROFESSIONAL TRAINING PROGRAMMES

Jehan Lardhi

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KINGDOM OF SAUDI ARABIA (KSA): THE  
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**Jehan Lardhi**

**Ph.D**

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**THE UNIVERSITY OF BEDFORDSHIRE**

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ROLE OF PROFESSIONAL TRAINING  
PROGRAMMES**

by

**JEHAN LARDHI**

**Ph.D.**

**A thesis submitted to the University of Bedfordshire in partial  
fulfilment of the requirements for the degree of Doctor of Philosophy**

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# **RESPONDING TO CHILD ABUSE IN THE KINGDOM OF SAUDI ARABIA (KSA): THE ROLE OF PROFESSIONAL TRAINING PROGRAMMES**

JEHAN LARDHI

## **ABSTRACT**

Child abuse has become more recognised in the Kingdom of Saudi Arabia (KSA), after many years of receiving very little attention. Since 2014 domestic violence, including child abuse, has been made a criminal offence in KSA. This study takes place against a background where protection laws (2013 Legislation) have been introduced, where there are cultural limitations, and where professional child protection agencies are requiring their practitioners to deal with child abuse in the light of these new laws.

The aim of this study was to identify the issues for social workers and other professionals in responding to child abuse and how these responses can be improved in KSA. There are two phases to this study. The first phase examines developments in child protection practices and policy through the analysis of newspaper reports and through a series of interviews with professionals, practitioners and managers in the Social Protection Department (SPD) in Riyadh, KSA. The findings of this initial study suggest that KSA is in the early stages of developing and implementing programmes in child protection practice. It was found that training was a major issue, in particular the provision of training that was accessible and relevant to the needs of the practitioners.

The second phase focused on ways that professional child protection training programmes for practitioners may be improved to increase both their quality and relevance to child protection professionals and trainees. In order to achieve these objectives, interviews, written responses and surveys were conducted with child protection practitioners, training providers and social work educators and trainees in the (SPD), the National Family Safety Programme (NFSP), Al-Wafa Association (AWA), Ministry of Social Affairs (MSA) and three universities in Riyadh, KSA. The findings provide more understanding of how child protection training, teaching and learning for practitioners can be improved to enable them to respond more effectively to child abuse in KSA. Findings are discussed with reference to the current practices as England and in other Arab countries and recommendations are offered with a view to their suitability in KSA.



## **AUTHOR'S DECLARATION**

I declare that this thesis is my own unaided work. It is being submitted for the degree of Doctor of Philosophy at the University of Bedfordshire.

It has not been submitted before for any degree or examination in any other University.

Name of candidate: Jehan Lardhi

Signature:



Date: 25<sup>th</sup> October 2016

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## Abbreviations

<b>ACPCs</b>	Area Child Protection Committees
<b>AWA</b>	Al-Wafa Association
<b>CAN</b>	Child Abuse and Neglect
<b>CHL</b>	Child Help Line (Saudi Arabia)
<b>CPCs</b>	Child protection centres
<b>CRC</b>	Committee on the Right of the Child
<b>DfE</b>	Department for Education
<b>GMI</b>	General Management Institute
<b>HRA</b>	Human Rights Association (Saudi Arabia)
<b>HRC</b>	Human Rights Commission (Saudi Arabia)
<b>ISPCAN</b>	International Society for the Prevention of Child Abuse and Neglect
<b>KSA</b>	Kingdom of Saudi Arabia
<b>LSCBs</b>	Local Safeguard Children's Board
<b>MC</b>	Municipality Council
<b>ME</b>	Ministry of Education (Saudi Arabia)
<b>MSA</b>	Ministry of Social Affairs (Saudi Arabia)
<b>MSD</b>	Ministry of Social Development
<b>MSFW</b>	Ministry of Family Welfare
<b>MSS</b>	Ministry of Security
<b>NCAAA</b>	National Commission for Academic Accreditation and Assessment
<b>NFSP</b>	National Family Safety Program (Saudi Arabia)
<b>NGHA</b>	National Guard Health Affairs
<b>NGOs</b>	Non-Government Organizations
<b>NHC</b>	National Health Council
<b>SHC</b>	Saudi Child Helpline
<b>SPD</b>	Social Protection Department (Saudi Arabia)
<b>SPC</b>	Social Protection Committee (Saudi Arabia)
<b>SRA</b>	Sociological Research Association
<b>ToC</b>	Theory of Change
<b>UAE</b>	United Arab Emirates
<b>UNCRC</b>	United Nations Conventions on the Rights of the Child
<b>UNICEF</b>	United Nations Children's Fund
<b>VCC</b>	Violence against Children Committee
<b>WAFA</b>	Women Against Family Abuse
<b>WAVO</b>	Women Against Violence Community
<b>WHO</b>	World Health Organization

## Glossary of Arabic terms

<b>Al- Jenadriyah Day</b>	The annual Jenadriyah Heritage and Cultural Festival, organised by the National Guard under the command of the Crown Prince, plays a crucial role in preserving the Kingdom's national heritage.
<b>Divorce</b>	<p>In Muslim’s societies generally and Saudi Arabia specifically, divorce separates a man from his wife as she is not lawful unto him, but he has to seek her help in caring for the child or another female if the mother agrees.</p> <p>In recent years, divorce considers the major cause of abuse on children in Saudi Arabia because some fathers do not allow their children to visit or contact their mothers, which may lead to abuse a child psychologically.</p>
<b>Emirate of</b>	Administrative Governor of the Riyadh
<b>Majllis a Shura</b>	National Consultative Council.
<b>Old Islamic Writing</b>	The artistic practice of handwriting and calligraphy, based upon the alphabet in the lands sharing a common Islamic cultural heritage. It includes Arabic and Ottoman calligraphy. It is much influenced by Persian calligraphy.
<b>Riyadh Province</b>	Territory region.
<b>Saudi</b>	Citizens of Saudi Arabia
<b>Shari’ah</b>	Law; the revealed or canonical law of Islam; the body of rules governing the life of Muslims, which are derived from the Holy Qur’an and the teachings of the Prophet Muhammad known as the “Sunnah”
<b>Traditional Clothes</b>	All women are required to wear a long black cloak called an “Abaya” that covers all but the hands and face in public. (Modest dress is compulsory for women in Islam but the color black for women and white for men is apparently based on tradition not religious scripture). Saudi women also normally wear a full face veil, such as a “Niqāb”.
<b>Tribal Family</b>	Geographically the tribal heartland is the interior of the peninsula. Most tribes were formed centuries ago when a powerful family in a particular region succeeded in establishing its own groups of followers. The tribe might divide into sections.

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**Thesis word account: 80.229 word**

# **Chapter 1 Introduction**

## **1.1 Introduction to Study**

The issue of violence against children is of concern to any society and there have been many efforts to try and respond in a way that protects children from such abuse. It is the responsibility of all communities to ensure that young people can grow up in an environment that is safe and nurturing, and that will prepare them to become a fully functioning and contributing member of society (Richardson, 2010). The Kingdom of Saudi Arabia (KSA) has more recently understood the importance of this, and in response has introduced 2013 laws for protection from abuse, which criminalise child abuse (Butler, 2015). The social workers dealing with cases of child abuse must, therefore, be trained to respond to these new laws and to have the confidence and competence to fulfil their role in child protection (Martin et al., 2014).

## **1.2 The rationale of the study**

Many factors have influenced the decision to undertake a study of child protection policies in KSA. Having worked as a social worker and social work lecturer for several years, I gradually developed an interest, both as a practitioner and educator, in the way we had been trained to respond to cases of child abuse. My observations were not unfounded and I saw first-hand the difficulties practitioners faced in responding appropriately to the issue of child abuse. For instance, while training at one of the child protection institutions several years ago, I accompanied a practitioner to visit a child who had been a victim of abuse and my observations were that this practitioner did not have the resources or knowledge required to respond to this issue. In questioning the victim, she was unable to elicit sufficient responses due to her lack of understanding of the abuse in question. In discussing this case after the home visit, she acknowledged that despite being trained as a social worker, she was unaware of a way to respond systematically to the problem, and instead she relied on culturally accepted procedures to deal with the situation. Similarly, as a social work lecturer, I observed that the curriculum we were teaching from, also failed to adequately address

the issue of child abuse. This is because there appeared to be a gap between the theory being taught from the curriculum on child protection, and the reality that social workers were facing in the field. Most social work educators were also of the view that the child protection policies available were insufficient to adequately equip the students for practice.

This led to a decision to undertake further research to enable me be in a position to provide recommendations to the child protection departments on how these gaps could be filled, and to present international experiences for child protection practitioners to respond effectively to child abuse. This research was also promoted by a desire to answer some of the most fundamental questions regarding professional training programs for child protection in KSA. To do this, it was evident that a comparison with another country would be helpful, in order to fully appreciate the difficulties being experienced in KSA, and to have a model method of response, which Saudi practitioners could adopt in responding appropriately to child abuse. As the study was funded by my employers, Princess Nora University Social Work College, the decision to study in the UK was made by them, as the policies and practices used in the UK would provide a reference for responding to child protection and child abuse<sup>1</sup>.

The overall aim of the study, therefore, was to identify the issues of social workers and other professionals in responding to child abuse in KSA and how these could be improved. A pilot study was carried out (phase one) to build a picture of the nature of child abuse issues in KSA and to examine the policies, services and procedures in place to protect children from abuse. The findings of this phase revealed that there has been some but not enough progress in implementing policies and developing programs and practice since 2009, and that further learning was needed in relation to how training could be more effective.

From these outcomes, my interest in this subject developed and I decided to pursue the topic further to determine developments within child protection and the extent of

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<sup>1</sup> This is addressed in the Literature review and Conclusion chapters.



the training provided to deal with child abuse and child protection in KSA, given that social work in general has been a relatively new development in the Kingdom. This provides the background for my study and why I chose to research child protection in KSA, and how it was that I gained such privileged access to the practitioners, training providers, social work educators and trainees in the Saudi child protection field.

My study sought to identify the issues faced by social workers and other professionals in responding to child abuse and how this could be improved in KSA, to discover how well they were prepared to carry out their child protection role, given the 2013 laws for protection from abuse now in existence. This study looks at the development of child protection professionals from a training perspective and considers the views of social work trainees on their university training programs, as well as of practitioners on their professional development training.

### **1.3 Brief Study Background**

KSA's legal framework is based on the rules of Shari'ah, which is Islamic law (Al-Rodiman, 2013). Shari'ah respects children's rights to protection and dignity (Al-Taher, 2012) and makes specific provision for protecting the child from all forms of abuse and neglect (Zatari, 2010). Although abuses may occur in Arab and Muslim cultures, these are not condoned by Islamic culture, customs and traditions (Majdi, 2013). Despite the tradition of Saudis keeping their family matters private, there has been an increase in reported cases of child abuse. Children have been subjected to harsh forms of violence, such as being hit, burnt, and bruised or having bones broken, while some children have suffered physical disabilities and mental illness as a result of the abuse (Al-Thagafi, 2013). Al-Thagafi (2013) reports that twelve children who were victims of abuse died in 2012, which was double the number from the previous year, making this a matter of concern to the child protection sector.

As in the other places, child abuse in KSA has been related to economic, social, cultural, educational, legal, political, and psychological factors (Zakaria, 2002). As outlined by Zakaria (2002), economic factors include low economic growth rates compared with an increase in population growth rates. Social factors include marital

disputes and the high number of family members who tend to live in a single household in KSA society, but lack of awareness and a reluctance to discuss domestic violence also rate highly. This is because domestic violence is considered a private matter outside the scope of state or other intervention (Zakaria, 2002).

Over the past decade, the issue of child abuse and neglect (CAN) has increasingly become more common and recognised in KSA. With the increased knowledge about the occurrence of child abuse cases in the region, policy makers are shifting the approach from identifying the issue towards solving the issue, by reporting it to the relevant authorities. The law now requires professionals who act as caregivers for children to be trained enough to indicate any type of child abuse and report it immediately. In research conducted by Al-Dabaan, Newton and Asimakopoulou (2014) it was found that a large proportion of dental practitioners working with children generally (59%) identified cases of child abuse or neglect in their practices. The study highlighted that only around 10% of these practitioners reported this to the authorities (Al-Dabaan et al., 2014). It was suggested that the main reasons for not reporting child abuse cases were because of a lack of knowledge and understanding about how to diagnose child maltreatment, fear of family retaliation, and lack of knowledge about how to manage these cases. Interestingly, only 21 per cent of the dental practitioners indicated that they had knowledge of a child protection policy in KSA (Al-Dabaan et al., 2014)

A report from the NFSP showed that only 3% (5, 075) of their study sample of child protection practitioners in KSA including social workers and psychologists, received training in child protection work. The report further shows that 97% of these practitioners had not received any training but 69% of their sample expressed a desire to attend training courses (NFSP, 2011). There is therefore every indication that professionals feel they would benefit from the training programs in the field in keeping them updated and in helping practitioners by educating them on how to respond to child abuse (Grohmam and Kauffeld, 2013).

## **1.4 Policies and Regulations**

A range of public policies concerning family and child care have been introduced in KSA over the last few years. According to Al-Ajlan, the Head of the Department of Sociology at the University of Qassim, these policies are to implement special care and family development programs to satisfy children's needs socially, educationally, and culturally. In addition they are designed to provide preventive activities to reduce the spread of social and behavioral problems, and to create social units with qualified specialists who have social, psychological and medical skills and experience. The policies are, therefore, in place to deal with a wide range of programs and activities to protect children from abuse (Al-Ajlan, 2000).

In KSA, the establishment of laws and regulations related to domestic violence are in progress. The Protection from Abuse Act was released in May 2011 from Al Shura Council (Al-Muneef, 2012). Strengthening the 2011 Act, in August 2013, the Council of Ministers of the KSA issued a law criminalising domestic violence for the first time<sup>2</sup> (Usher, 2013). The new regulation, Child Protection from Abuse Act, came into effect in 2015<sup>3</sup> in KSA (MSA, 2016). This thesis makes reference to both the 2013 and 2015 legislation as the 'new' legislation, although the 2013 legislation was in effect during fieldwork.

### **1.4.1 Other Arab Countries**

Because of the cultural and religious similarities to KSA, the experiences of other Arab countries have been drawn on, in the discussions of responding to child abuse and child protection. Across the Arab region, there have been various legal regulations set up to protect children, most of them fairly recent. Jordan, Lebanon, Oman and the United Arab Emirates (UAE) have all drafted Child Rights Acts in accordance with the United Nations Children's Fund (UNICEF). Bahrain passed a Child Act in 2012, and Yemen reviewed their regulations on children in 2012. Earlier Child Protection legislation was set up in 1995 in Tunisia and in Morocco laws are already in place. Egypt has a Child Act which came into effect in 2008, although corporal punishment is still permitted. Palestine ratified their 2004 Child Act in 2012,

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<sup>2</sup> See appendix D

<sup>3</sup> See appendix E

obliging professionals to report child abuse. Iraq has draft laws on child protection ready to supplement their 2011 law against domestic violence. Sudan has a 2010 Child Act to protect children from abuse and Algeria is also reviewing a draft act on child protection (Marcus et al., 2011).

These are all showing commitment to protecting children from abuse. However, despite the policies and regulations in place, there are still a large number of cases of violence against children and the Committee on the Rights of the Child (CRC) remains concerned. Razzak (2014) notes that although most Arab countries have indeed ratified the CRC, they are not enforcing the laws. There remains confusion between child violence and discipline, despite research indicating that abuse can cause cognitive and psychological problems in children (McKee et al., 2007; Straus and Paschall, 2009). However, Razzak (2014) stresses that it is still very difficult to get information on child abuse cases, despite increases in reports by families and professionals. This issue is discussed further in chapter 2 (2.4).

## **1.5 Training and Continuing Professional Development**

Training and development can take a variety of forms and offers learning opportunities to employees such as training, workshops, coaching, mentoring to inspire, challenge, facilitate and motivate employees. This is to ensure that they perform the functions of their positions, to the best of their ability and within standards set by local, state, federal and licensing organization guidelines (Hatcher et al., 2013). Further, it is expected that the outcomes of training will differ between practitioners working in different agencies and contexts.

There is little guidance offered to practitioners in the child protection role in KSA, although the NFSP offers specialised training to professionals in different professional disciplines, such as workshops on domestic violence and child abuse for health professionals, social workers, counselors, criminal investigators, lawyers, and law enforcement personnel (Aziz, 2013). There are five main universities that provide programs for social work training in KSA. Students study at these institutions for four years, with the final part of the program involving practice placements, in order that they can apply their theoretical knowledge. The universities tend to offer general

social work programs for the first two or three years, before providing any specialist training. This information is discussed further in chapter 3 (3.4).

Once working as practitioners, either as social workers or psychologists in the field of child protection, professional development training should be made available in order to update skills and knowledge. This should be offered by training providers to the various practitioners working within departments in NFSP, SPD, schools, hospitals, MSA and the social care safe houses such as AWA.

## **1.6 Theory Informing the Study**

All change is challenging, and especially given the context of this study. It is therefore important to consider what may be helpful in supporting professionals who are generating this change. The Theory of Change (ToC) was relevant to this as it provides a framework that enables institutions to improve their outcomes and evaluate practitioners' performance (ORS, 2004). ToC is a means of using research information to generate theory and this involves having a description of how and why it is necessary for change to take place in a particular context. The context in this case is child protection in KSA. The intended goals must be identified and then ToC through research and reflection explores all the conditions that need to be put in place for these desired goals to be achieved (Center for Theory of Change, 2016). This can assist practitioners in improving their outputs by increasing their knowledge of the cultural backgrounds and experiences of clients. More structured planning for change using my research would be a logical way in which the theory of change could be taken forward within individual organisations. ToC in this study has therefore been used as a framework that can be applied to the organisations associated with child protection in KSA, helping the researcher to map ways for how change might take place, and which different steps involved in this. This is further discussed in chapter 4 (4.4).

## **1.7 The Context of the Study**

The study focuses on Riyadh in KSA, where the main government organizations are located. Not only are the services in Riyadh more developed than in the other regions (SAMIRAD, 2016), but it is also home to approximately one quarter of KSA's total population of 30,000,000 people (Countrymeters, 2016). This study has adopted a case study approach, adopting a range of data collection methods to better understand the context of child protection work in the region, the experiences of front-line professionals, and the experience of training providers. This is discussed in chapter 4 (4.3).

Participants in this study have been selected across seven main agencies and institutions in KSA. Managers, social workers, psychologists and social researchers have come from the Social Protection Department (SPD), schools and hospitals. Training providers, social workers and psychologist have been selected from NFSP and MSA, whose responsibility it is to train staff members to deal effectively and efficiently with cases of domestic violence and child abuse. Psychologists, social workers and observers have been selected from Al-Wafa Association (AWA), which provides shelter for those requiring protection, and lecturers and trainee social workers have also been selected from the social work colleges of the three universities. These are discussed below.

### **1.7.1 Ministry of Social Affairs (MSA)**

This Ministry is responsible for social care and development in the KSA. It has charities and co-operative societies, as well as social research, within its jurisdiction. There are agreements in KSA between Social work colleges and MSA for students to have practice placements in the social care areas such as disabilities, child protection and elderly care. In addition, there are three subsidiary agencies within the MSA, and these are: Ministry of Social and Family Welfare, Ministry for Social Security and Ministry for Social Development agency. Of particular importance for this research, is The Ministry of Social and Family Welfare (MSFW), and this will be discussed in detail.

The MSFW is tasked with the provision of various forms of support needed to enhance the quality of life of the Saudi citizens. It deals with negative social issues such as crime, and harmful relationships and other issues that could hinder the progress of its citizens, such as physical or mental disability. The intention of providing these various forms of support (physical and social as well as economic), good family relationships are fostered, and individuals are better equipped to live more productive lives. There are eight departments under MSFW and they are: Disabled Care, Anti-begging social Protection, Medical Services, Juvenal Welfare, Orphans, Social Benefits, Elderly care. Each of these departments is responsible for the specific issues that relate to their target groups. The department responsible for the welfare of children and issues pertaining to child abuse is the SPD.

### **1.7.2 Social Protection Department (SPD)**

The SPD is responsible for developing welfare policies for children. It is an institution providing social protection for women of any age and for children under the age of 18, as well as for certain vulnerable groups, who are being abused. Once the SPD has established that a child has been abused, it becomes necessary to remove the child from the family. SPD practitioners are required to inform the MSA, the emirate and police about these children. Upon the directions of the emirate, SPD specialists, escorted by police, go and remove the child from the family home. After removing a child from his or her parents, the child is placed in an SPD shelter temporarily while a more permanent solution for the child is sought. These SPD specialists then assess the child, and refer him or her to a shelter. The SPD follows up each case in terms of psychological, social and health wellbeing. The processes for reviewing the cases of children taken into care in Riyadh occur through the follow-up by social workers and psychologists after discharge from the SPD. The number of visits depends on the case, with many cases needing only one follow-up visit. Where more visits are required, a judge determines the number, if children are involved.

### **1.7.3 National Family Safety Programme (NFSP)**

The NFSP was established in 2005 and is linked to the National Guard Health Affairs. It provides campaigns raising the level of awareness, through social training programmes among the public, of the damage caused by domestic violence including

abuse, as well as counselling for parents and relatives of abused children, and is also responsible for the Saudi Child Helpline. The main purpose of the NFSP is to increase knowledge of issues related to domestic violence and to train professionals to deal with cases of such violence and child abuse. It plays a major role in influencing legislation on family safety in KSA.

#### **1.7.4 Al-Wafa Association (AWA)**

AWA is a charitable organisation established and approved by Princess Latifa Abdullah Al Saud, who is the President of the Association. It was set up for humanitarian purposes because of the increase in the number of cases of violence against women, and an absence of any form of safe refuge for these women and their children. It is non-governmental and privately funded, and provides an interim safe house for children who are abused, but it is not a long-term solution, with stays lasting between two months and one year. In addition, it provides a support role in providing transportation to courts, hospitals and social work departments. Around the KSA there are seventeen protection houses for abused women and children, according to management figures from SPD. All of these are distributed within the larger cities. There are none located in the rural areas. The houses can each accommodate between 50 to 110 women and children, and at the time of writing there were 67 abused women and children using these services.

#### **1.7.5 Universities**

Five universities in KSA offer social work bachelor degree programmes, most of which are closely related to sociology degrees. There are three master's programmes and two doctoral programmes also offered in social work. Graduates progress from these programmes to find work in government jobs within the Ministry of Education, the Ministry of Health, or the MSA.

### **1.8 Saudi Population**

KSA is in a good position to fund the programmes as it has financial reserves from exporting oil, which have been allocated to invest in infrastructures and services such as education and health, although the budgets for child protection remain quite limited



(Abdul-Hamdi, 2008). Its population is very young with around 10 million under the age of 18, and this number is continuing to increase. This represents more than one third of the population. The median age is 27 years, but it does have a high unemployment rate among the young. The statistics show 21% of males and 54% of females aged 15 – 24 are unemployed (CIA, 2015). The minimum employment age is 13, although the law does state that adolescents should not be employed in work that is harmful or dangerous, nor are they allowed to work at night. In terms of this study it indicates that there are social pressures on families where there are high unemployment rates. These issues of unemployment have been linked to causes of child abuse in KSA (Aziz, 2013).

Immigrants comprise 30% of the total population, and they are also subject to social pressures. They are at risk of exploitation and abuse from some Saudi families, working long hours and often not paid (Abdullah, 2015). Such immigrants come to KSA seeking employment, as there are more opportunities for them than in their home country. Most of these migrants are from poorer, undeveloped countries. Many of the migrant workers are women from the Philippines, Indonesia and Sri Lanka, who are working in domestic service (Peebles, 2013). There is very little information available on child abuse and neglect within these migrant communities, and concerns that incidences may be much higher than anticipated (Peebles, 2013).

In addition, there are also approximately 240,000 refugees in KSA, as well as 70,000 stateless individuals (UNHCR, 2015). Most of the refugees are Palestinians. Abdul-Hamdi (2008) explains that stateless persons are marginalised and, because they do not have access to employment and education opportunities, are among the poorest residents in the country. Even though they may have been born in the Kingdom, they are denied the rights to basic education and emergency healthcare. It is in communities such as these that there is even less information on potential child abuse incidences (Abdul-Hamdi, 2008). There is limited recent research on the issue of child abuse among refugee and migrant communities in KSA, and is it not the case that at the moment KSA is taking a number of refugees, so this situation is likely to be intensified.

## **1.9 Aim and Objectives of the Study**

The overarching purpose of this study was to investigate child protection within KSA, given the recent laws criminalising child abuse. It was then to identify the challenges confronting child protection social workers and determine whether training and professional development courses were preparing them to meet these challenges. The sub questions being asked were:

1. What are the challenges that child protection practitioners face in responding to child abuse since the new laws were introduced in 2013?
2. What are the practitioners' perceptions of the existing professional child protection programmes, and how do these prepare them to effectively respond to child abuse in KSA?
3. How effective are the child protection curriculum and practice placements in preparing social work trainees to respond to child abuse?
4. In the light of changes to the law in 2013, what recommendations would help in developing effective professional child protection programs to enable practitioners, training providers, educators and trainees to respond effectively to child abuse?

There were two phases to this research study. The first phase was a pilot study, and the second phase, which formed the main study.

The pilot study addressed the first research question by exploring the policies in place to respond to child abuse and for placement of children in KSA while they are in care. The objectives were as follows:

- Examine the policies of institutions in Riyadh dealing with abused children.
- Investigate intervention programmes and services offered to abused children by the child protection institutions in Riyadh.
- Explore the experiences of social care professionals working with abused children in KSA.
- Explore other Islamic, Arabic and Western countries' training programmes for responding to child abuse, and their applicability to KSA.

To address these objectives, two stages were carried out:

1. An analysis of the media coverage of child abuse and child protection in KSA. See chapter 2 & 4.
2. Preliminary interviews with professionals, practitioners and managers in the SPD and AWA in KSA. See chapter 4.

The findings from phase one indicated that the professional training programmes were not useful to the child protection practitioners because the content of the courses were poor and not relevant to the child protection field. They were more administrative courses such as computer skills and courses on completion of reports. Also, the opportunity to access these training courses was poor and there were not enough courses for responding to child abuse in particular. This led to an interest to explore the professional training programmes in child protection area in more depth. This is on the basis that policies, practices and programmes for responding to child abuse should be improved if practitioners are better trained. Furthermore, as mentioned previously, training programmes can assist child protection practitioners by educating them on how to respond to child abuse (Grohmam and Kauffeld, 2013).

Following the first phase, the aims and objectives of the main study were formulated. The main study set out to explore and investigate the training programmes which prepare social workers and professionals for working in the field of child protection. The aim of the main study was to identify the nature and extent of existing professional child protection training programmes in KSA. It also sought to identify professionals' perceptions of training and their preparedness to work in the field of child protection.

To achieve this aim, the research objectives were to:

- Investigate the kinds of information and knowledge practitioners feel they need to effectively respond to child abuse. See chapter 5.
- Understand practitioners' perceptions of their child protection training programme experiences. See chapter 6.
- Understand the educators' and trainees' perceptions of the child protection curriculum and their practice placement in the area of child protection and how it may affect child protection practice in the future. See chapter 7.

- Explore how professional child protection training programmes can be developed to meet practitioners' perceived needs with reference to the applicability of other countries' training programmes. See chapter 8.

These objectives guided the research question, which sought to explore how the quality of professional training for child-protection practitioners can be improved to enhance practitioner responses to child abuse.

## **1.10 Contribution of the Study**

This study has focused on the issues related to child protection in KSA given the laws introduced in 2013, which make child abuse a criminal offence. There has been limited information on child abuse in KSA and this study adds to the literature available on this important issue. This is particularly significant now that there is a lot of international focus on human rights in KSA, and child abuse is one of the areas that has been highlighted for further exploration. This study therefore contributes to an emerging area of research, which is influenced by various elements such as culture and religion, in an era of globalization. Child abuse is an issue that is often hidden from view in Arab societies, yet these children in Arab societies have the right to protection as much as children elsewhere. Part of the problem has been the cultural and traditional approaches to family and tribal allegiances, which is an issue that has been identified by my study. Another significant contribution is that this study sheds more light on the dilemmas experienced in conducting sensitive social research on child abuse in KSA. The topic of training itself is sensitive within this context, given that KSA represents a patriarchal society with particular gender dynamics. These gender differences will be further discussed in Chapters 4, 5, 6 and 7.

A search of the available literature suggests this is the first study to examine the nature and role of professional training for social workers in KSA. It has therefore contributed valuable evidence of the dilemmas professionals in the KSA face, and their views on the country's response to child abuse and their preparedness to respond. In addition, it gives practitioners the opportunity to express their opinions, knowledge and experiences in responding to child abuse and neglect.

## **1.11 Ethical Considerations**

Ethical approval for this study was obtained firstly from the University of Bedfordshire. This required full details of the study, its aims, and intention of the sampling process to be provided, in order to show how informed consent would be obtained from any participants. Permission also had to be obtained from the MSA in KSA in order to carry out research within the social work environments. Full details of the study were given to the Ministry and then to the directors of the agencies who facilitated the process of contacting people. The confidentiality of all participants and respondents was paramount and great care was taken to respect their confidences by gaining their consent, keeping their identities anonymous, allowing them to withdraw from the study if they wished, and keeping the contact details safe and secure. This is further discussed in Chapter 4.

## **1.12 Structure of Thesis**

This thesis is divided into eight chapters.

Chapter 2 provides an overview of the background of child protection in KSA, and reviews the Arabic and English literature relating to child abuse and child protection. It defines and explores the different types of abuse and the effect these can have on children. In addition it looks at the approaches other countries take to child protection and the ways in which it is approached by KSA. This chapter also provides information on the extent of child abuse in the Kingdom and contributing factors. Also, providing an overview of the child protection system in the United Kingdom.

Chapter 3 reviews the literature relating to training social workers for their role in child protection, their training needs and how these needs are met. The education context in KSA is discussed, along with the training provided for trainees and practitioners in social work based in Riyadh.

Chapter 4 explains the methods and methodologies applied to this study. It provides justification for using the specific methods chosen and gives a detailed description of how these methods were applied.

Chapter 5 is the first chapter relating to the findings. This analyses the perceptions of practitioners relating to implementation of the protection laws, and frustrations with the child protection processes and systems in KSA. It discusses the specific issues identified by participants, particularly communication between agencies and raising awareness of domestic violence.

Chapter 6 is the second chapter relating to findings and it focuses on the perceptions of the practitioners and training providing relating to their training programmes. It provides evaluations of the benefits and issues of training programmes and identifies the challenges some have faced in accessing training. The chapter also presents suggestions from the practitioners for improvements in training provision.

Chapter 7 is the third chapter relating to the findings and it explores the perceptions of the social work trainees on the child protection programmes they are offered while training to be social workers in child protection. It identifies the issues that they have with the relevance of their courses, and also provides the views of educators on the curriculum and the trainees.

Chapter 8 is the conclusion, which makes recommendations, plus gives areas for further research related to child protection.

### **1.13 Summary**

This chapter has provided an introduction to the study by discussing the context within which this research takes place. It has outlined the aims and objectives of the study and given the structure for the remainder of the thesis.

The next chapter continues with a review of the literature on child protection and child abuse.

# **Chapter 2 Child Protection in KSA: an overview of the background and literature review**

## **2.1 Introduction**

The overall aim of this study is to identify any issues that social workers and other professionals may have in responding to child abuse and how responses can be improved in KSA. This chapter provides an overview of the situation regarding policies, procedures and legislation in place within the context of child abuse. Consequently it gives the background in which child protection agencies are working in KSA. It provides evidence from previous studies on issues relating to child abuse and child protection, not just in KSA, but across other Arab countries. In addition it clarifies the different kinds of abuse applicable to child protection, and seeks to quantify the extent of child abuse within KSA, using available statistics and reports.

In light of its more established child protection systems, a comparison has been made with the UK, where more than fifty years of experience in child protection training can be used to support this investigation. As can be shown in this chapter, the Arab countries have taken up the challenge of dealing with child abuse, but this has been a more recent development. The literature available on UK experiences helps to provide more understanding of both the context of child protection and the issues that may be encountered as systems develop.

The research question, which this chapter explores, is: “How can the quality of professional training for child-protection practitioners be improved to enhance practitioner responses to child abuse”? This is extremely relevant to creating an understanding of the extent and nature of child abuse in KSA, the strategies currently in place to respond to child abuse, the level of knowledge possessed by practitioners, and the effectiveness of the intervention programmes and services, which are being offered for abused children by the social protection centres in KSA (Riyadh).

## **2.2 The Background and Method of the Literature Review**

As already mentioned in the introductory chapter, recognition of the issue of child abuse is relatively new in the KSA, and not much research has been done on it, and only limited amounts have been written about other Arab countries. The majority of the literature accessed was through doctoral theses. This reflects the situation that verbal reports from practitioners are more accessible than written documents, and this may also lie in the fact that Arab countries have a tradition of oral communications. Therefore, there is limited information on the issues connected to child abuse in KSA and Arab countries, particularly the response to it. Much of the limited literature available relates to abused women and domestic violence, but there is little focus on abused children. There has been some research carried out on child protection policies and services, and more generally on social work history, education and practice. The role of social workers in schools in KSA has been noted but such studies do not indicate how social workers should respond to child abuse. Nor do they investigate what practitioners may need in order to be able to carry out their roles effectively. There is also no literature on how practitioners in KSA are trained, or on what their training needs may be, in responding to child abuse.

A non-systematic literature search was carried out in several stages. Because of the sensitive nature of the topic, an initial review was carried out in order to identify the potential sources of materials, and to find out what literature was available about approaches to child abuse in other countries. The criterion followed for the selection of more general literature on the topic was based upon relevancy with the topic and the publication date, given that the most current information available was being sought. This was done using the University of Bedfordshire's electronic library system, which produced a broad number of journals in databases. Databases provided further access to a number of libraries that contained an extensive amount of information and current research related to the topic. This was done using the University of Bedfordshire's electronic library system, 'Discover', which produced Science Direct and Sage Journals, as well as e-books. Google Scholar for the latest books, the university library for books, journals and articles, media reports and Arabic sources were also utilised in the same way. Another very useful source was being able to read doctoral theses both in English and Arabic that had been written on similar



topics. For instance, English theses were selected from 'Ethos' the British library e-thesis online service, whereas the Arabic theses were searched from 'Dar Almandumah'<sup>4</sup> website. Arabic theses were also identified from academic libraries and university libraries in KSA.

The methods used for searching libraries and indexes were by using keywords on the topic and then incorporating the information into the research (Onwuegbuzie and Leech, 2006). Some of the phrases used were: child abuse; maltreatment; Child Protective Services; role of social workers in child abuse; reporting child abuse; child abuse types; teachers' role in child abuse; and professional training for reporting child abuse. For each of the key elements, synonyms were then considered to ensure as wide a search as possible. A simple and then an advanced search were conducted, a Boolean search, and occasionally inserting a phrase.

This initial search predictably produced very limited material on the issue of child abuse in KSA, which indicated the significant potential of this study. The second stage of the review was carried out, and this was broadened to include other Arab countries, and the UK. The search was also carried out electronically using the systems already mentioned, and the sources included peer reviewed publications, books, thesis and also media reports. The use of grey literature was necessary, because of the limited amount of academic materials. This grey literature included media reports, as well as governmental and non-governmental reports. Following the completion of fieldwork and the analysis of the data gathered, another review was carried out, in response to issues identified from the data. For example, where the data had highlighted the importance of the individual perceptions of the issue of child abuse, the final literature search included the element of individual perceptions of professionals in KSA.

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<sup>4</sup> Dar Almandumah is a Saudi company established in 2004; it specialises in the field of construction and development of scientific information in specialised databases, research and academic fields. The company has proved its place in the field of information and services, due to the high professionalism in its management and services. The company has extensive cumulative experience in organizing digital information content, and information bases and mechanisms designed to search. Available at: <http://mandumah.com>.

## 2.3 The Definition of Child Abuse

The precise definitions and recognition of types of abuse vary from state to state, but at their foundation is the societal criterion of a safe, nurturing environment that ensures a child can grow into a fully functioning, contributing member of society (Stoltenborgh, 2013). A child is defined by the Convention on the Rights of the Child (CRC) as being "every human being below eighteen years old" (UNICEF, 1989: 4). This definition suggests that all young people need to be protected. Child abuse is perpetrated when an adult (or another child) harms a child in some way, and the harm is commonly defined as being physical, emotional, sexual or neglect (Day et al., 2008). It is not only direct harm, but can also be indirect abuse, if someone is aware that a child is being abused and fails to stop it (Allnock and Miller, 2013). Corine (2013) maintains that child abuse represents a significant international public health problem and indeed, child abuse in KSA is seen as a public health issue (Al-Eissa and Al-Muneef, 2010). The responsibility ultimately lies with society to ensure that its young people live in a safe environment, as they represent the future of that society and as a human being, they have that right.

In the UK, the NSPCC define child abuse as "any action by another person – adult or child that causes significant harm to a child"<sup>5</sup>. This abuse can take different forms, and can include emotional, physical and sexual abuse, and also various forms of neglect (NSPCC, 2016). The origin of this definition stems from the Children Act 1989. This Act makes it a criminal offence to carry out any act that would cause harm to a child. Over the years there have been amendments to the Children Act and many experts expressed concerns that these amendments did not cover emotional and psychological maltreatments as well (Glaser, 2002). However, a campaign led to a change in the law in 2015. The Serious Crime Act 2015 now includes emotional abuse, isolation, humiliation or bullying which is likely to cause a child suffering or injury to health added to the legal definitions of child abuse (Hopkinson, 2015). This is important as it recognises the way in which the perception of child abuse in England has changed over the years. It identifies that emotional abuse is detrimental to a child's well-being, and it is no longer an acceptable part of children's

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<sup>5</sup> See: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

development. This is relevant to KSA, as the perceptions of child abuse in KSA, and the responses to it are still emerging, and subject to change.

The General Secretariat and the body of experts in the Council of Ministers in KSA have identified abuse as any form of exploitation, physical abuse, sexual abuse or even the threat of it, which is committed by a person against another person. Abuse also includes the failure of someone, or an omission, to fulfill the basic needs of a family member by those who are responsible for providing for those needs (MSA, 2013). Although there may be differences in the definitions, it is clear that the protection of children is fundamental in any society and the different forms of abuse will now be discussed.

### **2.3.1 Emotional abuse**

According to Slep et al. (2011), emotional abuse refers to the withholding of affection or attention, failing to provide psychological care, or ignoring the child's emotional needs. It includes inappropriate verbal acts toward a child, which can harm a child's self-esteem or social competence. This kind of abuse can result in serious emotional harm to a child (Mathews, 2014). A long-term effect is that they may feel excluded from society as adults, as they lack confidence. According to Garbarino et al. (1999), emotional abuse may take five different behavioural forms:

- Rejecting: refusing to acknowledge the child's worth and needs.
- Isolating: making the child believe that he or she is alone and prohibiting the child from forming friendships.
- Terrorising: creating an atmosphere of fear; bullying and frightening the child; and making him or her believe that the world is aggressive.
- Ignoring: removing the child from vital stimulation and responses, thereby restricting emotional growth and brain development.
- Corrupting: making the child unfit for normal social experience and encouraging him or her to engage in destructive, antisocial behaviours.

Physical abuse and sexual abuse have attracted a lot of interest because they are visible and therefore more able to be identified and punished by law. However, it must be emphasised that emotional (psychological) abuse is no less dangerous than

other types of abuse. Elarousy and Al-Jadaani (2013) consider emotional abuse to be the most hidden kind of child maltreatment. In their study in KSA they reported that 90% of their participants who were parents of children aged 12-18 years, had disregarded the issue of emotional abuse, and were not concerned about the emotional wellbeing of their children. These were taken from a convenience sample of 60 children aged 12 – 18 years old, and the study was carried out through use of a self-administered questionnaire. Additionally, they reported that there was a correlation between emotional abuse of children and parents' chronic illness, and suggested that there was a need for more research on the consequences of such child emotional abuse in KSA (Elarousy and Al-Jadaani, 2013). Some believe that this sort of abuse exists alongside other types of abuse, and is called invisible abuse (Al-Jebreen, 2005).

### **2.3.2 Physical abuse**

Physical abuse usually involves causing physical harm to a child. Despite the clarity of the definition of physical abuse, it is difficult to define and determine this type accurately because of its incorporation within the concept of child education and discipline in KSA (Al-Jebreen, 2005). Whereas physical abuse may include physical assault, it excludes lawful corporal punishment (Gershoff, 2002). There are therefore occasions when discipline may take the form of assault, yet still be regarded as lawful. Under the UK Children Act of 2004, it is illegal for a parent to smack a child as a punishment, if it leaves any mark on the child. Those responsible for caring for other people's children are not allowed to smack them, as it is against the law. The UN has recommended that the UK should pass laws to prevent parents from smacking their children at home, whether it leaves a mark or not (BBC News, 2015). Whilst this may be laudable, it may be difficult to implement, as it would not be possible to detect any evidence of physical abuse. However, it is also defined as physical abuse when a parent or caregiver fabricates, or induces, the symptoms of an illness in a child (NICE, 2007), as it is regarded as a form of child maltreatment.

### **2.3.3 Sexual abuse**

Sexual abuse refers to forcing or enticing a child or young person to take part in any sexual activities, such as “fondling, penetration, intercourse, exploitation, pornography, exhibitionism, child prostitution, group sex, oral sex, or forced observation of sexual acts” (Chandra et al., 2011: 3). Specific groups of children are

more at risk than others. Al-Jabreen (2005) states that in KSA these children are often female, aged between 7 – 12 years, living with a step-parent, or with a working mother. They are also those who are socially isolated, coming from poorer families and in situations where their parents leave their children with the servants (home maids). Although Al Jabreen (2005) did not state why this particular group was at risk, he also notes that girls who are forced to marry too early may be regarded as victims of sexual violence. Sexual abuse also is exploitation and maltreatment towards the child in order to achieve sexual satisfaction for the abusers.

McIvor and Kemshall's (2004) study proposes that the perpetrators of sexual abuse are predominantly male, and many are aged between 10 and 19 years old. Fanetti et al., (2014) also argue that only a small number of children are abused by a stranger, with 60% being sexually abused by someone they know, often from within the family. A large proportion of sexual abusers have themselves been abused as children (Salter et al., 2003). Studies also suggest that sexual abuse can lead to psychological difficulties and can affect adult functioning (Briere and Elliott, 1994).

According to Abu-Baker (2013), abusers in Arab countries tend to have serious psychological problems such as a personality disorder, paraphilia or another sexual disorder and victims cannot resist the advances of the abuser. Rape, seduction, sexual harassment and social coercion are other types of sexual abuse. In most cases the victim of sexual abuse does not understand what is happening, or is not able to provide proper consent, often due to their age, but also due to threats and intimidation from the perpetrator (Abu-Baker, 2013). According to Brodie and Pearce (2012) the experience of developing policy and practice across the UK highlights the difficulties in ensuring that young people who are victims of sexual abuse receive appropriate and consistent support. This is also the case in KSA where there is also an absence of an effective model of practice in relation to sexual abuse, and access to these for children.

#### **2.3.4 Neglect**

Neglect causes more deaths in children than any other form of abuse (Mathews, 2014). It may involve a parent's or carer's failure to provide enough food, clothing and

shelter, protect the child from any sort of abuse, and ensure that the child receives appropriate medical treatment (Radford et al., 2011). Severe neglect when children are young can result in limited development and can consequently have an immense effect on their adult lives (Perry, 2002). There are several categories that have been identified as neglect in KSA, including:

- **Physical neglect:** it includes failure to protect the child from any harm or danger that he might be exposed to, and also failure to provide basic physical needs for him/her, in addition to failure to protect the child or provide food and adequate and proper clothing for the child (Al-Dakheel, 2006).
- **Psychological neglect:** This can have serious effects as it stunts physical growth (Al-Mahroos, 2007). Research has shown that the increase in use of technology such as Ipads and smartphone, has led to claims that psychological neglect can be caused by parents allowing their children to become addicted to the small screen (Al-Sagheer, 2012).
- **Medical neglect:** this concerns the failure of those who take care of the child to provide medical treatment for him/her, or to provide healing requirements, prescriptions, surgery and also any other requirement in the case of a child's illness and the occurrence of serious injuries for the child (Al-Mahroos, 2007).
- **Mental neglect:** it is similar to the previous concept, but it is connected to the refusal of those who take care of the child to respond to the doctor's advice concerning procedures in the case of children with mental disorders or dangerous behaviour (Al-Dakheel, 2006).
- **Educational neglect:** this is the failure of a child's parents in providing education opportunities for a child whenever it is allowed (Al-Munshi, 2011).

Similarly, according to the NSPCC<sup>6</sup> neglect in the UK is categorised to include physical, educational, emotional and medical neglect. Physical neglect covers areas such as food, clothing or shelter, and emotional neglect includes failure to nurture and stimulate a child. Educational neglect on the other hand is the failure to ensure that a

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<sup>6</sup> See: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/>

child is educated, whilst medical neglect is the failure to provide the required health care for a child, or ignoring the advice of medical professionals, detrimental to the health of the child (NSPCC, 2016).

These definitions above show that there is a similarity in the perceptions of neglect in both the UK and KSA, despite the cultural differences.

In Al-Sowayegh's (2003) study that was conducted on 835 teachers, ranging from kindergarten and primary schools to special education institutes in Riyadh, about their perception of the most common kinds of violence, negligence was the most cited form of abuse. Negligence in this context includes parents' neglecting the child's feeding, cleanliness, clothes or schooling needs. The next form of abuse cited was psychological abuse of the child from his family, followed by sexual abuse and finally physical abuse. The study, although carried out in KSA, is in line with other studies, which found that this is more prevalent among families with a low economic and social level. Interestingly, the findings showed a high degree of abuse in older children. This shows a bias perhaps because in KSA, families with children who attend kindergarten, are considered as belonging to a higher social level because of the cost of attending. These families are often more aware of less abusive ways of raising children, and other forms of punishments are used to deal with children (Al-Sowayegh, 2003). In terms of proper punishment, this refers to discipline without recourse to abuse; where parents are more likely to understand the difference between discipline and abuse.

## **2.4 Child Protection in the Arab World**

Globally, the family is socially and legally considered to be a space for the protection and safety of children and adolescents (UNICEF, 2009). While efforts have been made to protect children from abuse, developing countries in general have not yet implemented an effective response to child abuse. One of the main challenges in developing such a response results from the lack of information about the true scope and characteristics of abuse, especially that occurring within the family context (UNICEF, 2009). Evidence suggests that only a small percentage of the violence perpetrated against children in developing countries is reported to the legal system

and investigated by the authorities. Because there are no reliable policies and systems for dealing with the complaints, few offenders are brought to trial (UNICEF, 2009).

The 2010 World Social Science Report (UNESCO, 2010) notes that all countries have different approaches due to their development needs and objectives, and their policies must also reflect their capacity to deal with the provision of social services. They also note that in Arab countries there has not been sufficient research to determine social policy, but that a coordinated effort should be a priority to address these gaps. In the 2013 World Social Science Report (UNESCO, 2013) there is still concern about the lack of data from Arab countries, with most quantitative data coming from published government statistics, and researchers using minimal analysis. This restricts the design of effective policies and has an impact on issues such as child protection in the Arab regions. Although there may be recognition of the need, there may be insufficient data upon which effective child protection policy can be shaped.

It should be noted also that, in the home, it is generally women who are held responsible for protecting children. Yet often it is also the women who are subjected to domestic violence and are not in a position themselves to protect children effectively. In other cases it may be that women are trying to protect their own position in Saudi society and do not wish to bring shame upon the family by reporting instances of violence or child abuse.

#### **2.4.1 Principles of child development in the Arab charter**

KSA, along with other Arab countries, is aware of the need to protect children from abuse and in 1984, they set out a charter that outlined the principles of child development.

1. Childhood care and safeguarding their rights is an essential component of social development and the core of overall global development.
2. Child development and his/her protection is a religious, patriotic and humane commitment, which stems from our religion, spiritual and social values.
3. Family is the nucleus of society and the state must protect the family from negative factors and provide care for its members.



4. Family support for the advancement of standards for children is the establishment of childhood development and care, and the state should provide economic and social stability.
5. A normal family is the first environment for children's growth, their education and their care and any subsequent family has the same responsibilities if children lose that family.
6. It is necessary to ensure the security of the rights contained in the universal declaration of children's rights.
7. Ensure family care is right for children as it can lead to a positive interaction between children and their family and satisfy children's biological needs.
8. The responsibilities of social security are to help children grow up in a healthy way.
9. Children have the right to receive a name and nationality when born<sup>7</sup>.
10. A child has the right to free, basic education at school.
11. A child has the right to governmental care and protection from physical and emotional neglect even if from her/his own family.
12. Children have the right to develop and understand the world around them, and recognise the importance of peace and friendship.
13. Ensure children's rights through child protection legislation in all Arabian countries.
14. Adopting a complementarity principle in providing basic needs for children and provide services with distributive justice.
15. Secure family life and provide its basic needs with full health care.
16. Provide complete health care with both preventive and therapeutic programmes for each Arab child and her/his mother.
17. Establishment of care and education system for children with disabilities in order to ensure their integration in society (ACCD, 1984).

However, a study by Al-Fayez et al. (2010) indicated that there are significant cultural difficulties in Arab countries that predispose these societies to overlooking child abuse. These include the importance of the patriarchal hierarchy that traditionally

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<sup>7</sup> This excludes children born to refugees and immigrants. These children have to claim their parents nationalities.

allows a man to have control of his family. In addition, many Arab states have Islamic Shari'ah law enshrined in their constitutions and this is sometimes in conflict with other legislation (Conte, 2014). Physical abuse includes physical punishment and, although many Arab states, such as KSA, Algeria, Morocco and Egypt, have legislation against violence, physical punishment is still used as a form of discipline in the schools (Conte, 2014). This is despite these states having signed up to the 1989 United Nation Convention on the Rights of the Child (McGoldrick, 1991), which prohibits corporal punishment. Al-Mahroos (2007) concluded that children in all seven countries of the Arab Peninsula were subjected to child abuse, which was still being used as a form of discipline, and that the authorities were ignoring it. A further study suggested that such physical punishment may be prohibited, but there is no implementation of this law within the Arab region (Srivastava et al., 2013)

In addition, a study by Abu-Bakar (2013) shows that Arab families rely on their extended families, despite individual cases of abuse or mistrust, feeling that social welfare organisations and police disregard possible harm to the family reputation when filing abuse charges. Arabs often have a sense of distrust in their contacts with the State's social and mental health services, and tend to seek support from extended family networks. In Arab collective societies, the extended families take responsibility for their own, and whatever decisions they make, these are considered to be acceptable solutions (Abu-Bakar, 2013). These cultural traditions are so deep-rooted that it is no easy task to disregard their importance to Saudi society.

Abu-Bakar (2013) also shows that, although families condemned sexual abuse behaviour, they were nevertheless focused on achieving a solution that would serve the best interests of all family members. This study also highlights a negative perception of most Arab families to issues of child sexual abuse. This was influenced by factors such as the parenting skills that parents possess, the type of preexisting relationships between the family and the abusers and the patriarchal structure of the family. Other factors that are found to be influential are, the centrality of the abuser or victim child's needs within the family, the importance of virginity before first marriage, the level of adoption of the cultural norms of 'sexual sin' and 'honour crime,' and the stress on collective rather than individualist norms expressed in loyalty to the extended family. This study recommended that families may cooperate

better when they are assured that their reputation will not be harmed and that measures should be taken to ensure confidentiality (Abu-Bakar, 2013). In this way the family is protected, whilst opportunities for improving the situation through counselling of parents and therapy may be more readily accepted.

There is also more focus now on individualisation, meaning that individuals are dealt with differently from the way in which society may expect them to conform (Ferguson, 2001). This may suggest that there is a perception that social workers are there to help guide individuals in planning the way they want to live their lives effectively (Ferguson, 2001). While the state may be there to support individuals, it does not necessarily intervene in people's lives, as there is recognition that individuals have control over their own lives. They may need to be pointed in the right direction, if they are vulnerable but social workers are there to empower them to make decisions (Walker and Donaldson, 2011). However, as social workers are engaging with vulnerable people, there is a call for social workers in KSA to adhere to an ethical code, which reflects Saudi values such as the importance of family and culture (Albrithen and Briskman, 2015).

Within Arab communities it remains a fine balance between protecting the child from abuse and working within the parameters set by tradition, culture and religion. Children in the Arab Peninsula may be subjected to all forms of child abuse, but it is either disregarded or tolerated, and physical discipline is culturally accepted when raising a child. Hence, maltreated children continue to suffer and most abusers go without punishment. Failure to identify these cases is another major issue that delays analysis. Therefore, strong collaboration among different parties (medical professionals, religious persons, teachers, mass media, lawyers, and politicians, etc.) is essential to protect children's health, safety and rights, and allow them to live and develop in a healthy environment (Al-Mahroos, 2007).

#### **2.4.2 Support for Victims**

As in fellow Arab countries, there are also efforts by the UAE to help to combat child abuse. As part of a child protection initiative, the Abu Dhabi Police carried out an extensive training program in collaboration with the Scottish Police College in the

United Kingdom (ME NewsWire, 2014). The child protection training program focused on encouraging the efficiency of police staff members in responding to various situations and stressed the importance of the program in exchanging expertise and improving skills to enhance police staff members' roles in protecting children against risks. The program was attended by 52 trainees from various police stations. According to Major General Al Nuaimi, the program was implemented in accordance with the best international practices adopted by police forces in developed countries. He also said "This will promote the continuous development and improvement of police procedures and allow the police institution to keep abreast of any new developments and practices applicable in this area" (Me NewsWire, 2014: 2). Furthermore, he indicated that the program embodies the Abu Dhabi Police's strategy to become a leading country in the field of child protection, and is a regional role model for its efforts to promote protection and security of children (ME NewsWire, 2014). There are suggestions that this training programme and policies are working, as the Abu Dhabi Child Protection Centre has been top of recommended lists on social media (Sabry, 2014).

Various Islamic communities have also been lending their support to protect women and children from abuse. In Palestine the Women Against Violence Community (WAVO) has been established and once again have set up a shelter for Arab women who have suffered from family violence. In Egypt, there is the Alnadeem for Rehabilitation of Victims of Violence, specialising in rehabilitating family victims. In Jordan abolishing violence against woman was enshrined 16 years ago and the National Council for Family Affairs (NCFA) was established. In Morocco, there is an association opposing violence against women, which introduces legal consultations and spiritual support (Al-Otabi, 2010). With its growing Muslim communities, the UK has also seen a number of organisations set up to support Arab women and children from domestic abuse, and this now includes a safe place or refuge for them (IKWRO, 2015).

In the Gulf itself, a safe centre for family victims was established in Bahrain, with the aim of protecting women and to providing legal consultations. A second centre in Bahrain, the El- Karama Centre, helps victims of torture and violence. The United Arab Emirates has the Dubai Charity Association, which aims to secure a safe shelter,

provides psychological and health care for all women and children, and teaches them to recognise their rights. It seeks to train victims of violence and enable them to have jobs to earn money. KSA is also keen to provide for citizens, who need special care because of their circumstances and problems, with social services and support (Al-Fayez, 2006). The MSA has established the SPD to protect abused children under 18 years old, and women. This reflects the ministry's concern that this is an escalating problem (Al-Rudiaan, 2008). Refuge centres have been set up in KSA, although there are complaints that these are run like prisons. A woman placed in one of the safe houses protested that she was being deprived of many of her rights while there, and was consequently referred to a mental health hospital (Al-Ghamidi, 2013). This indicates that there may still be some confusion about women rejecting traditional values, as some of the safe houses are reported as having low levels of hygiene and a lack of allowances (Al-Ghamidi, 2013). However, this may not reflect an intention to punish these women for not conforming, but rather reflect the differences in lifestyle the women enjoyed in the marital home. There is a difference between living in an institution and living in a comfortable family residence. The safe house may also be simply trying to protect the women from what they perceive as risks, although the women may see this as a loss of their individual freedom. Cunningham and Baker (2008) support this argument by proposing that although free from abuse and fear, the communal living experienced in shelters or refuges causes strain and discomfort which may result in the women leaving.

## **2.5 Child Protection in KSA**

The Saudi family has undergone many social, cultural and economic changes in the second half of the twentieth century, starting with the discovery of oil and culminating in the communication and technology revolution (Kamrava, 2005). Consequently the family is moving away from the extended family to the nuclear family, which consists of a husband and wife and their children (Al-Gabah, 2004). Al-Jebreen (2005) argues that there is no doubt that these changes within the family may have contributed to affecting the interaction of its members and the performance of all its psychological, social and economic functions. The Saudi family is going through rapid and successive changes, and this may cause anxiety and confusion about obligations (Al-Shri, 2013).

### **2.5.1 Saudi family Characteristics**

- The Saudi family consists of the husband, the wife and their unmarried children. Although this is now a nuclear family, the extended tribal family is also important to Saudis.
- The Saudi family is a large sized family with on average 6.2 members<sup>8</sup> and the large number of members of the family may lead to poor parental supervision, and the difficulty of socialization, resulting in negligence of some family members (Al-Anazi, 2008).
- The Saudi family is Muslim and they follow Islamic rules. It sticks to conservative social habits, and believes in strengthening familial ties and the necessity of cooperation between members of the family. The man is the head of the family and other male members are generally given more respect than females. (Al-Guaib, 2010)
- The Saudi family enjoys a high degree of privacy that does not allow others outside the family to intervene in its familial affairs, and prefers secrecy in its affairs. This privacy is shown in the reluctance to have to resort to requesting assistance from communal sources, such as doctors, psychologists, counsellors, and social specialists (Al-Shri, 2013). The preference is to deal with problems internally.
- Polygamy: Islamic legislation allows a man to have more than one wife, and it is spreading in Islamic and the Gulf societies in particular, mostly into Saudi society more than other communities. Polygamy may lead to familial problems, and may be associated with negligence in some cases (Al-Shri, 2013).
- If the mother works outside the home, she may need to leave her young children alone, or with retainers or with her other sisters, and there is no doubt that all of these things may contribute to familial ignorance of their children (Al-Jebreen, 2005). There is no law in KSA relating to leaving young children on their own and the majority of children left on their own are under eight years of age.

### **2.5.2 Childhood in Saudi society**

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<sup>8</sup> Made up of two parents, and an average of four or five children.

Children are the future of our community and childhood provides the foundations for a functioning adult (Lynch, 2010). KSA is aware that its responsibility is to ensure their growth, upbringing and ability to participate positively in the nation's future, and has made progress in reducing child mortality rates by 60% since 1990 (UNICEF, 2012: p.127). This was better than other Arab countries where the average improvement over the same period was 47%, although this is still 18 deaths per 1000 children aged under 5 years old, against a comparable 5 deaths in the UK (UNICEF, 2012: p.127). Many governmental and non-governmental organisations (NGO) in KSA provide various forms of health, educational, psychological and economic care to all children and their families. These include setting up a helpline in 2010 that provides children with counselling and a referral system (Al-Muneef, 2012), and health care for the children of migrant workers (Walker, 2014: p.186). Although KSA may be perceived as an oil rich country, there are still areas of social deprivation. In Jeddah, for example, one third of the population live in neighbourhoods that lack basic facilities. These are mainly migrant families (UNICEF, 2012: p.64). Additionally, there is still some concern that KSA determines the age of legal responsibility as being the onset of puberty, which in effect means that children may be tried in the courts as adults, and be subject to the death penalty (FCO, 2015).

In the field of social care, the MSA in KSA provides different types of care, in order to improve their social situations, and help families to overcome problems they are facing. Special provision has been made for children with disabilities, for orphans who have lost their families, and for the rehabilitation of paralyzed children. Professional and social care centres have been set up for disabled people and day care centres for children with disabilities. The ministry also provides material support and care for some groups that live with their natural families or alternative families (Al-Munshi, 2011). In terms of child protection, there is a lack of practice guidance that provides practitioners with systematic ways of identifying and responding to abused children (National Society of Human Rights, 2012 and NFSP, 2011). Therefore, KSA is now trying to take control of the situation by providing guidance for professionals working in the area of family welfare (Al-Faryan, 2014).

### **2.5.3 The rights of children in KSA**

Under the 2013 law the definition of a child is every human being up to the age of 18. This is the same as the United Nations has defined as the age of majority. ‘The 2013 legislation refers to any form of abuse including physical, psychological or sexual exploitation, or even the threat of such, committed by an individual against another individual under the age of 18. Abuse as referred to in the legislation also includes omission or neglect to perform duties or responsibilities in providing basic needs for a family member or for a child for whom an individual is legally responsible’.<sup>9</sup>

The government of KSA has produced a number of strategies and ministerial decisions in the children's rights field. All these systems focus on child care protection and provide basic and secondary rights for abused children, which comply with Islamic legislation and international conventions. These total more than 131 legal systems altogether, which fall into the ten areas outline below:

1. Basic governance systems (6 systems). These regulations include the state having to ensure fundamental rights of a child, such as the right of life, freedom, dignity, health, education, Islamic religion and socializing in a safe environment.
2. Justice and human rights systems (17 systems). These regulations include legitimate and legal children’s rights, such as the right of negotiation and protection against abuse, provision of care and managing their own affairs, and the right of inheritance and not to dispose of their property.
3. Basic and higher education systems (16 systems). These regulations include a child’s rights to education, free and compulsory education for children from 6 to 15 years old, and the provision of buildings, schools and curricula according to Islamic law and human sciences.
4. Health systems (22 systems). Health systems in KSA include children’s rights through the requirement of a medical examination before marriage, the right of the foetus to have a life and the banning of abortion without a legitimate reason, as well as the provision of free vaccinations.
5. Retirement, military, civil and unions service systems (23 systems). These systems prevent the recruitment and employment of children and protect them

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<sup>9</sup> Child Protection from Abuse Act (2015) in KSA.



from any sort of harm. In addition, children have a right to be supported financially when they lose their caregivers.

6. Civil status, national and travel systems (5 systems). These systems guarantee Saudi nationality to anyone born to Saudi parents or to a Saudi father married to a foreign woman. These systems commit parents to register the birth of each child so that they can have a civilian record and a passport.

7. Social care systems for orphans, disabled people and juvenile delinquency (24 systems). These systems focus on building refuges and care centres to provide appropriate care for these groups and provide medical, educational and financial support.

8. Technical education and professional training systems (5 systems). These systems focus on the development of business and professional training to those who are of an age for studying and developing their skills.

9. Crime and security systems (11 systems). These systems focus on ways of investigation and decision-making on juveniles and placing them in home care (refuges). Internal security prevents children from selling or begging in the streets, and prevents them from travelling except with the consent of their parents and also prevents them from driving vehicles and bicycles.

10. Culture, sports and youth systems (3 systems). These regulations focus on the protection of children intellectually and culturally, encouraging sports and talent competitions, developing and hosting cultural and social competitions classes, and the banning of dangerous sports such as children participating in camel racing (Al-Muhameed, 2009).

#### **2.5.4 Social Welfare**

According to Al-Otabi (2010) public policies in KSA concerning family and childcare have been formulated to:

- implement special care and family development programmes to satisfy children's needs, socially, educationally and culturally.
- conduct preventive activities to minimise the spread of social and behavioural problems.

- create social units with qualified specialists who have social, psychological and medical skills and experience.
- educate and guide the family in their active role in raising their children.
- assist families in resolving any social problems they may face.
- publish guidelines for educational methods through media releases.
- continue to organise preventive programmes and increase awareness of the dangers of drug-use for families (Al-Otabi, 2010).

There are general programs of social welfare directed at the family which aim to teach parents how to deal with children, and help them to understand the behaviour and problems of children. This may help to establish more trust between the generations and lead to fewer cases of child abuse where children are neglected or subjected to physical or psychological abuse (Al-Otabi, 2010).

## **2.6 The Extent of Child Abuse in KSA**

Although verifiable accounts of child maltreatment practices in the Arabian Peninsula have been recorded in old Islamic writing (Al-Mahroos, 2007), it was not until 1990 that the first case report from KSA was recorded (Al-Eissa, 1998). In 1996, KSA adopted the United Nations Convention on the Rights of the Child (UNCRC), and Al-Mahroos (2007) suggests that by the late Nineties it was possible to diagnose child maltreatment at health offices all around the nation. This has been a fairly rapid development in a short period of time (Al-Mahroos, 2007).

Traditionally in Middle Eastern cultures, family matters are kept private (Akmatov, 2010) and citizens of KSA would feel ashamed to report child abuse (Al-Harbi, 2010). However, recently, the level of awareness and recognition of child abuse has been increasing in KSA, as is evident from an increase in the numbers of reported cases (Al-Eissa, 2010). A family psychologist in Jeddah, Dr. Misfer Mohamed Al-Molais, has warned about the growing phenomenon of domestic violence in Saudi society and the use of severe violence against children. Haddad and Habib (2013) reported that the rate of family violence in KSA was between 20% and 30% of the population, compared to a global range of 3% to 70%. Therefore there is still much to be done to try and reduce this rate. Reported incidents of violence have increased in Saudi society since 2010, and record that children have been subjected to harsh forms

of violence such as being hit, burnt, bruised or having bones broken, while some children have suffered physical disabilities and mental illness as a result of the abuse (Al-Thagafi, 2013). This increase may be due to more public awareness of the problem. In 2013 there were a reported 1,049 reported cases of domestic violence and child abuse, and this was after 2013 law was introduced to criminalise such violence (Al-Jazeera News, 2013).

According to Al-Muneef, executive director of the National Family Safety Program (NFSP), twelve children died as a result of domestic violence in 2012 (Haddad and Habib, 2013). These twelve deaths were a dramatic leap from the six child deaths reported in 2011 and the five reported in 2010. This does not mean that there is an increase in child abuse, rather it indicates there is a recognition that child abuse is wrong. It is encouraging that such incidents are being reported. A recent report by hospital protection centres in Riyadh show that centre personnel recorded 200 cases of child abuse in 2012. Eighty per cent of these cases were violence against children that resulted in severe injuries, and 20 per cent were sexual abuse incidents (Haddad and Habib, 2013). According to Muneef, violence against children is mostly perpetrated by the parents (Haddad and Habib, 2013).

Statistics of the SPD from 2010 to 2013 indicate that the reporting of child abuse has increased in recent years. In 2010, the number of children who were reported as experiencing abuse was 187 while in 2013 there were 527 reports in Riyadh alone. For children, aged 0-18 years, the most common type of abuse was physical abuse, and the abuse was frequently perpetrated by the father (SPD, Personal Communication, 2013). The role of the media has changed. Whereas it once regarded violence as a family affair, now it is starting to sway public opinion with reports on the issue, especially with the introduction of the protection laws. There is also the growth of digital communications, which makes information more accessible, and this may encourage people to report instances of suspected child abuse. In 2013 60% of the population were internet users and mobile phone ownership was almost double the size of the population (UNICEF, 2015), making communication channels are now much more accessible. Furthermore, there are now many international organisations based in KSA and these may influence perceptions of child abuse within the Saudi community. The current population in KSA is 30 096 735 (8 852 173 young people

under 15 years old and 4 532 676 males / 4 319 497 females (CDSI, 2016).

## **2.7 Factors Contributing to Child Abuse in KSA**

Risk factors of child abuse include low levels of income and financial pressures, low levels of parental education, addiction to drugs and alcohol, misinterpretation of religion, child disabilities, young parents, large families, divorce and unemployment (Al-Muneef, 2012). The following cultural factors are also significant in contributing to, or increasing, the incidence of domestic violence: a lack of awareness of human rights, including the rights of women and children; and the taboo surrounding the topic of domestic violence in the majority of Saudi families (Al-Sagheer, 2012). Because domestic violence is considered a private matter, outside the scope of state or other intervention, it is difficult to expose the problem. Additionally, in a society where traditions have favoured male control over females, the rights of women and children have often been ignored. In 2015 the Saudi government finally considered allowing women to travel without a man's permission (Withnall, 2015). Men and women are strictly segregated, including in the workplace, therefore women are not seen as being equal or having equal rights. Wearing traditional clothing is also seen as a form of protection for women, and there have been many cases of sexual harassment when women are alone in public, although the women are often blamed for provocation (Crone, 2015). Against such a background, it may be that women blame themselves for being abused. Their children may also be caught up in this domestic violence. Abuse may become accepted in the home.

Psychological factors that contribute to the incidence of abuse may be triggered by alcohol and drug abuse, and include tension and turmoil in a person's personal life, as well as lack of resilience in family members in the face of frustration and stress; and a loss of self-control (Zakaria, 2002). Drug abuse has become widespread in KSA, and the country is ranked the biggest user of illegal stimulants in the region (Sloan, 2014). Little information is available on the extent of substance abuse, but it is suggested that young people use drugs to stay awake as they socialise late into the night (Sloan, 2014). A study carried out in 2010 (Al-Haqwi, 2010) found that alcohol abuse was perceived to be even higher than drug abuse, and that both were perceived to be common problems in the Saudi community. Despite KSA being a conservative

Islamic country, where consumption of such substances and alcohol is strictly forbidden, both alcohol and drugs are used as a strategy for coping with stress (Al-Haqwi, 2010).

Divorce is another significant factor with the divorce rate in KSA increasing rapidly year on year. The Ministry of Justice reported nearly 34,000 divorce cases in the first six months of 2015, as opposed to just 11,000 marriages (Al-Shayea, 2015). These divorce rates are now among the highest in the world, with one in five marriages ending in divorce, and 80% of these are initiated by women (Antonelli, 2015). Disrupted families are recognised as putting children at greater risk of abuse because they are often passed around from one parent to the other, and are also exposed to the extended family that they may not get along with (Weissman et al., 2003). Poverty and unemployment are also causes of abuse (Gilham et al., 1998, Weissman et al., 2003), and Al-Mahroos et al. (2005) reported that their study showed 64% of abused children came from a low socioeconomic class.

There has been limited information on disability in KSA, but Al-Jadid (2013) observes that it affects families, as a disabled individual needs both familial and societal support. However, lack of information on disabilities is often due to cultural issues as many Saudi families are ashamed of having a disabled individual in the family (Gain and Al-Abdulwahab, 2002). It also was believed that incidences of disability in KSA is low, as such children are hidden from view (Al-Jadid, 2013). One of the main causes of disabilities in children is genetic, and this is related to consanguinity (Al-Eissa et al., 1997). Nevertheless, KSA needs to include disabilities, whether physical or mental, although disabled children in mainstream schools may still be segregated and prevented from interacting with other children (Al-Muaqel, 2008; Al-Nahdi, 2013). However, the impact of caring for a disabled child with limited societal support and in an environment where disabilities may still be a stigma, may create an additional burden within Saudi families. This stigma is evident in the lack of reporting on the abuse of disabled children. Al-Haydari, from the Alriyadh News did a report on this issue in 2012, highlighting the challenges children with disabilities face. She reports that families with disabled children are known to neglect the emotional needs of the children by isolating them from social and family

events, and failing to provide support during critical periods of their life, such as adolescence, and marriage (Al-Haydari, 2012).

These different factors relating to child abuse are not always the direct reason for abuse in many cases, instead the surrounding environment, which made that behaviour possible is the background for this (Al-Dakheel, 1997). That is what makes two families have the same reasons to abuse a child, but one of them perpetuates abuse while the other does not. This may also reflect on a family's acceptance of violence or having different images of it in the society where the family lives, such as violence on television or high crime rates (Ismail, 1995).

Al-Modefer (2008) illustrates the causes of child abuse in Saudi society as being:

- The methods parents use for disciplining, and their feeling of owning the child.
- The housemaids, as 50 % of abuse cases are reported as being carried out by housemaids.
- Home workers, such as drivers and guards.
- Social factors, such as personal disorders and addiction.
- The degree of acceptance of violence differs from one culture to another.

Munshi (2011) argues that the Saudi community is lenient with violence and maybe encourages it. As Al-Jebreen (2005) explains, the only deterrent to violence is one's conscience. With violence being forgiven and accepted in families, proper guidance is needed. The protection laws that have been introduced, making abuse a criminal offence, may take some time to be implemented fully, but they show a willingness to deal with the issue of child abuse. It will, however, need efforts to create public awareness of the problem.

## **2.8 Effects of Child Abuse**

Broadly speaking, research has shown that domestic violence presents a real challenge to the authorities in KSA. It is not limited to any particular social class, but is present across all sectors of society. In particular it is targeted at women and children, and involves physical, sexual and emotional abuse. Much of this can be attributed to the status of family in Arab regions, where the marriage relationship is often based on convenience, and where men and women are segregated in everyday

life. Religion and law both prevent men and women from being together unless related or legally married (Al-Habdan, 2015). This places pressure on couples who may not be compatible and it may bring frustrations into the marriage relationship. This in no way condones the use of violence in dealing with the difficulties within such relationships, but may help to explain why domestic violence prevails in Saudi society, which saw 1049 cases of domestic violence and child abuse in 2013, as reported by the Social Affairs Ministry. It had been hoped the new family protection laws that had been introduced would see a reduction in domestic violence (Butler, 2015) but child protection agencies in KSA reported examining 196 cases against children, 106 against women and a further 106 against girls under the age of 26 in 2014.

There is evidence that such cases of domestic violence can have serious repercussions. The frequency and duration of any form of abuse is critical to the long-term effects on individuals (Bromfield and Higgins, 2005), and if there is more than one form of abuse involved, then the outcomes are likely to be more traumatic in adults (Finkelhor et al., 2007; Richmond et al., 2009). Even one incident of abuse may have a long-term impact. In addition, parents who were themselves abused as children, are more likely to abuse their own children (Pears and Capaldi, 2001). However, although Oliver (1993) argued that only one third of maltreated children will abuse their own children in future, this is still a substantial number who will be caught up in a circle of violence.

Women, in particular, are at risk of becoming victims of abuse in adulthood, if they experienced childhood abuse (Cannon et al., 2010; Whiting et al., 2009). If children have experienced parental violence, then they may have low self-esteem as adults, and therefore believe that violent behaviour towards them is natural (Mouzos and Makkai, 2004). This may then increase the risk for them being involved in violent encounters, such as assault, kidnapping or even murder (Widom et al., 2008). In order for them to improve their self-esteem, and to feel good about themselves, they may become attached to those who can control them for their own purposes (Westly, 2010). In return for praise, they may mix with those involved in crime or violence (Prior and Paris, 2005).

Furthermore, adults who have been abused as children are more likely to have health problems (Sachs-Ericsson et al, 2009; Springer, Kuo and Carnes, 2007). Such adults have been found to have more medical issues, including diabetes, stroke, heart disease and headaches (Sachs-Ericsson et al., 2009). It is not yet known how these physical health problems can be associated with childhood abuse, but it is thought it might have something to do with early life stress on the immune system or to adults having an inclination to high-risk behaviour (Sachs-Ericsson et al., 2009; Wegman et al., 2009). There is also the possibility that abused children grow up with a sense that they are of low worth, therefore they do not take care of themselves as adults.

Other links have been found between child abuse and eating disorders and obesity (Gilbert et al., 2009; Rhode et al., 2008). This may also result from the mental health issues that adults who have experienced childhood abuse are likely to suffer. For the same reason, such adults are more likely to be prone to alcoholism and drug misuse (Felitti et al., 1998; Simpson and Miller, 2002). In addition, the substance abuse is more likely to lead to aggressive and criminal behaviour (Dawe et al., 2008).

Furthermore, a study by Whiteman (2014) found an association between child abuse and the reduction of grey matter in the brain, which is responsible for information processing. For these reasons, there is a vital need to improve collaborative working to support child abuse prevention policies and programmes (Fry, 2012). If such policies and practices can help to protect children from negative outcomes in the future, then more must be done to ensure that they are in place and implemented. There is growing recognition that children need such protection.

## **2.9 Reasons for Increased Social Awareness of Child Abuse in KSA**

There have been a number of studies over the past few years including Al-Saud (2000) “Child abuse, types, causes and characteristics of victims” carried out in Riyadh. Also, a study by Ashui (2003) “Disciplining children in the family environment: realities and trends”. A study by Al-Zhrani (2004) entitled “Child abuse phenomena in the Saudi society” followed and after that a three studies in 2005, by Al-Yousif entitled “Domestic violence” (2005), researched in KSA. Another study was carried out by Al-Qarni (2005) "The impact of family violence on deviant behaviours of girls in intermediate schools in Makkah city", as well as a study by Al-Zahrani (2005) “Child abuse and neglect: Its causes and consequences in the KSA”.



These were studies that related to child abuse in KSA. These studies have pointed out that there is a significant lack of research on child abuse and child maltreatment in KSA in particular and the Middle East in general.

Experts and workers, who are working in this field, have shown an interest in having symposiums and scientific meetings. The first symposiums about this phenomenon were in King Faisal Specialist Hospital, which was one of the first places that took an interest in this phenomenon. The hospital formed a committee to protect children from abuse (1994) and this committee put the organizational regulations and rules to deal with child abuse cases that come to the hospital. A meeting of experts about fighting children abuse in KSA was carried out in 2005. Thirty academic experts joined this meeting which included about 200 participants who were working in the field of protecting children from abuse. These have been followed by a lot of courses and meetings that are concerned with this matter (Al-Muneef, 2012).

Governmental and Non- governmental institutions' interest is shown by having the establishment of the Saudi National Commission for Children (1996), the SPD (2005) and the Family Safety Program (2006). Between 2000 and 2010, numerous legislative and non-administrative offices for the prevention of child maltreatment were launched. In 2007, the NFSP undertook to build Child Protection Centres (CPCs) in all major hospitals throughout the country. The project was supported by the National Health Council (NHC), which is the most elevated health administration power in the KSA, as well as by medical services leaders, who are entrusted with upholding children's rights, as proclaimed in the CRC (Al-Muneef and Al-Eissa, 2011).

There has also been a lot of media interest in raising awareness of this phenomenon. Newspapers and magazines have published stories of child abuse, medical institutions have mentioned cases they have dealt with, and there have been certain issues, which have taken place in some educational institutions (Al-Zahrani, 2004). The mass media has begun to discuss some cases where children are exposed to negligence, or misused by their parents or siblings (Al -Jebreen 2005).

## **2.10 Procedures in Place for Dealing with Child Abuse in KSA**

The SPD in Riyadh is a governmental agency responsible for developing welfare policies for children. Once the SPD has established that a child has suffered physical or sexual abuse, it becomes necessary to remove the child from the family. SPD practitioners are required to inform the MSA, the emirate and police about these children. Upon the directions of the emirate, SPD specialists, escorted by police, go and remove the child from the family home. They then assess the child, and refer him or her to a shelter. The SPD follows up each case in terms of psychological, social and health aspects (researcher's pilot study's findings).

The services introduced to abused children and family can be categorised into direct service and indirect services.

### **2.10.1 Direct services**

These include guidance services, which mean giving a consultation concerning a particular issue (Al-Dakheel 2006). The Social Guidance Department offers free phone lines, which serve all the provinces of the kingdom every day of the week. There is a Hot Line Service aimed at introducing speed and direct communications between certain people at difficult times. This service is very common in developed countries and can help address the problem of children running away, family violence, suicide, and many other problems (Al-Dakheel 2006).

The Charitable Centre for the Guidance of Social and Family Counselling and The NFSP offer free consultation via phone or e-mail. Hospitals affiliated to the MSA receive people who suffer from violence and they inform specialists about these people. Social rehabilitation teaches victims social skills and seeks to reshape the relationship between the upset parties through family reconciliation. There is also psychological support for victims who suffer from psychological problems. Most Western societies recognise the importance of shelters or refuges for victims, where they are rehabilitated and enabled to face their problems. They also offer transportation to attend the court hearing or hospital (Al-Otabi, 2010).

### **2.10.2 Indirect services**

Allowances provided by the Saudi government, through the MSA, enable victims to adjust their way of life and to socialise. These allowances can be referred to as social benefits, which allow people to progress with their lives. Following up on cases after victims leave shelters offers further support. Awareness means protection against violence and to prevent such violence occurring (Al-Otabi, 2010).

Such allowances are subsidies from the MSA for those who need social care and social services. The family is regarded as the nucleus for raising children, and subsidies are aimed at directing money to families who need to take care of children, whether they are orphaned, disabled or under the care of MSA. Further indirect services run by government are those where programmes are designed to deal with the actual perpetrators of violence and prepare them to be rehabilitated to live again with their family members. These will include psychological assessments. Other services contribute to studies on the problem of domestic violence and developing preventive therapies with the relevant authorities. A most important service is that of raising awareness in the community about the need to protect vulnerable members of society from abuse and violence.

## **2.11 Legislation and Programmes to Protect Children from Abuse in KSA**

Laws and regulations in KSA pertaining to domestic violence are in progress. The Child Protection Act was released in May 2011 by the Al Shura Council and is awaiting final approval and distribution from the Cabinet. These laws can often take a long time to be approved, due to the number of adjustments that may need to be made. Below are the regulations that have been established under Child Protection Act 2011 (Al-Muneef, 2012).

- ***Child Protection Regulations***

The implementation of this regulation depends for the time being on the overall criminal justice law. This will change once the Child Protection Act, mentioned above, is approved.

- ***Regulation of Children in Need of Care***

This regulation protects children in need of care, which includes children of unknown parents and children who have been deprived of parental/guardian care due to death, divorce, imprisonment, mental illness, physical incapacity or any other similar reason, at the discretion of the judge. The regulation also includes children with disabilities and children with an incurable disease whose parents are unable to provide treatment or care for them.

- ***Regulation of Protection from Abuse***

This regulation is in force and aims to ensure protection from abuse to every one in various forms through assistance and treatment, providing shelter and social welfare, fulfilling psychological, health and regulatory requirements, and taking the necessary legal procedures to question and punish the offender. It is important to note that, as mentioned above, in Shari'ah, there are laws that take into account the child's best interests in terms of welfare, rights and respect. These rights resonate with the UK's Children's Act of 2004 which stipulates the following five outcomes for children rights: to be healthy, to stay safe, to enjoy and achieve, to make a positive contribution, and to achieve economic well-being (Al-Muneef, 2012).

In August 2012 the NFSP organised for doctors and health professionals to participate in the fifth advanced course on the protection of children from abuse. This course aimed to provide doctors and health professionals with the latest developments in the field of child protection. According to the executive director of the NFSP, over the past five years the NFSP has provided approximately 20 specialised courses to over 900 specialists in various fields, including doctors, health professionals, educators, and specialists in social services and mental health, as well as those in the fields of security and justice, from lawyers to judges. The programme also offers numerous conferences and scientific workshops, seminars and educational lectures (Aziz, 2013).

The KSA has long faced criticism for lacking laws that protect victims from abuse (mainly women and children). In August 2013, the Council of Ministers of the KSA issued a law criminalising domestic violence for the first time (Usher, 2013). The legislation aims to protect individuals in KSA from all forms of abuse and offers them shelter as well as social, psychological, and medical assistance. Abusers could face prison sentences of up to one year and up to 50,000 riyals (£8,333) in fines. This does

include abuse of children but no prosecutions have been brought. The law also enables those reporting abuse to have the right to anonymity, whether the case is proven or not, and women may now file a complaint at a police station without needing to be accompanied by a male relative (Aljazeera, 2013). This is likely to encourage more reports of abuse.

In addition, the KSA National Family Safety Program (NFSP) provides a child helpline, which provides free telephone consultations on problems related to abuse, such as psychological and mental health issues, family relations, school problems, sexual problems, child labour, child substance abuse and neglect (NFSP website, 2015). This service is provided during weekdays from 9 a.m. to 9 p.m. by specialists qualified in social work and psychology to deal confidentially with incoming calls. The NFSP reported that ‘Child Helpline’ received 45,000 calls in just three months in 2013 (Al-Amoody, 2013), and indicates that it is meeting a need. The value of having such child helplines has been recognised internationally and average data from across the world suggests that 17% of all calls from young people relate to abuse and violence (Bentovim and Gray, 2015). There were specific characteristics associated with helplines in Arab countries, compared with other international child helplines:

- Most calls are undertaken by adults on behalf of children.
- Of children those between the ages of 13 and 15 are the most frequent callers.
- Abuse and violence accounts for 37% of total calls.
- Physical abuse is the most frequent form of abuse reported (League of Arab States, 2013).

The new regulation of ‘Children Protection from Abuse Act’ came into effect in 2015 in KSA.<sup>10</sup> This regulation aims to do the following:

- Emphasise on what has been decided by the Islamic Shari’ah and the international and systems and conventions that the kingdom is part of, by securing children’s rights and protecting them against every type of abuse and neglect.
- Protecting children against every type of abuse and neglect in the surrounding environments such as at home, school, district, the public places, the care

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<sup>10</sup> See appendix E

houses, municipality or national and governmental establishments. This covers protection against abuse by a person who has jurisdiction over the child, which includes relatives and extended family members.

- Raise the awareness of the child's rights, especially those relations to her/his protection against abuse and neglect.

In order to protect the community against violence, the community itself must be aware, and it is very important to have awareness campaigns to publicise new laws and regulations, as well as the services on offer. However, there are some barriers to implementing all the services. A lack of appropriate mechanisms for dealing with the victims, the absence of laws or regulations which clearly prevent the abusers from abusing the victim again, limited follow-up procedures with the relevant association and in some cases a refusal to complete the procedures to resolve the problem. In these cases the complaint is withdrawn because the complainant is afraid of the abuser, or they do not want their file to be sent to the police.

According to Al-Muameed (2009), after reviewing children's legal rights in KSA regulations there are still some issues to address:

- The absence of a major competent authority for children's rights in KSA. There are 20 organisations associated with child protection, which may cause a duplication, dependency and failure to follow-up and implement children's rights effectively.
- Rights may be clear and explicit for children with stable families. However, children with non-stable family situations do not have any formal rights and often they are the ones with the main problems.
- A child alone may be held responsible for family and social neglect consequences, such as lack of childcare provision, participation in criminal activities, and financial difficulties, while the surrounding environment is completely devoid of any guilt.

## **2.12 Child Protection in the United Kingdom (UK)**

Western communities have constantly been concerned with outlining programs and policies for social protection to protect family members against violence, and to

provide assistance for wives who suffer from violence (Al-Fayez, 2006). These countries have established special courts to discuss the laws of these cases, but all cases are different and policies need to be updated on a regular basis. There is a similar concern in Arab communities, which has more recently become evident (Al-Fayez 2006). The Arab communities are therefore looking at countries where there are more established policies and practices, to see if they can learn from them. The UK is one of the most prominent countries, where child abuse cases have been closely observed. According to UNICEF, child protection may be defined as steps taken to prevent and respond to violence against children, or any form of abuse and exploitation of young people. These include sexual abuse, child labour and child trafficking, the latter of which is in addition to the traditional categories of child abuse and neglect. In some countries, traditional and cultural practices also come within the field of child abuse (Tarr et al., 2013). This can sometimes bring into conflict the cultural differences between communities; for example, some communities carry out female genital mutilation, which is regarded as child abuse in the UK and other Western communities. Female genital mutilation is not recognised as child abuse under the child protection laws in KSA.

Under Sharia law sex is forbidden unless a couple are married, though nowadays the average age of getting married is between 20 and 25 years of age. This has changed from the 16 – 18 years of age in previous years, due to lifestyles and aspirations of young people and the forced marriages of young girls may not be so relevant in the KSA context now (Al-Swabiahi, 2011). In the 2013 law there is no indication of forced marriages being regarded as child abuse. It is illegal to have sex with any girl, whatever her age, if not married to her. However, abuse of different kinds continues to attract different degrees of attention at different times.

Arab communities have been much influenced by Western approaches to social work education in general but they are starting to orient their delivery more to culturally relevant education; this is keeping in mind the Arab traditions relating to family and tribes, given the collective nature of Islamic society (Al-Makhamreh and Sullivan, 2012). Traditionally, any support required has been provided by families, not from governments (Al-Makhamreh, 2005; Olimat, 2002), and there is some confusion and misunderstanding regarding the role of social work in Arab countries, and the

responses and interventions related to social work (Al-Makhamreh and Sullivan 2012). It is important that the dependence on Western style social work education does not alienate the burgeoning development of social work in Arab areas, as Arab communities are starting to recognise the need for such responses, especially now the focus is on child abuse and child protection.

### **2.12.1 Child Protection Systems in the UK**

The concept of child abuse in the UK was first raised in 1889, and The Prevention of Cruelty to and Protection of Children Act enabled police to arrest anyone maltreating a child. In 1894 it was recognised that mental cruelty was also an abuse. Ten years later authorities were given the power to remove children from abusive homes and in 1908 sexual abuse by a family member became a legal matter. Until this time it had been regarded as a matter for the church (Carter, 2007). Amendments to the laws continued with the introduction of supervision orders for children at risk in 1932 and the abolishment of hanging for anyone under the age of 18 in 1933. It was not until 1948 that local authorities were made responsible for children's welfare, and in 1970 social services were reviewed (Shaw, 2007). The Children Act of 1989 determined that children had the right to protection from abuse, and ten years later organisations were required to report concerns about children suspected of being at risk. Reviews of practices in the UK continue with amendments to existing policies reflecting modern thinking and changing lifestyles (Munro, 2011). In 2014 The Children and Families Act became law, offering further protection to children (Safeguarding Children, 2014). The Department for Education (DfE) is primarily responsible for child protection in England and Wales. It provides both statutory and non-statutory guidance for local authorities working on child protection. The major agencies working in the UK on child protection are Local Safeguarding Children's Boards (LSCBs), Area Child Protection Committees (ACPCs) and Child Protection Committees (CPCs) operating at local level. The legislative framework for child protection in the UK is NB Children Act 1989 and Children Act 2004 as well as the Children and Family Act 2014 (Association of Independent LSCB Chairs, 2016).



Working together to Safeguard Children is an initiative taken by the UK government to address issues and failings in the policy framework for child protection. The purpose of this document is to make individuals and organisations work together to provide safeguards and protection for young people as per the Children Acts of 1989 and 2004 (DfE, 2015). The main aim of this policy is to set out inter-agency collaboration and come up with the best system for providing safety for children. It is aimed at professionals working in the field of child protection. The policy provides guidelines on the roles and responsibilities of professionals and defines the child-centred approach that should be followed. These guidelines provide a framework for all those working in the field of child protection, and they are regularly updated to ensure they address any shortcomings from the previous document. Having such a policy document ensures that all involved are aware of their statutory and collaborative duties in protecting children from abuse. The importance of having guidelines set out also means that they can also be updated when circumstances arise and conditions change.

There is a need to create awareness among the general public on the issue of child abuse and child protection (Stalker and McArthur, 2012). Children subjected to any form of abuse face many physical and psychological issues and they may grow up to be a burden on the nation. Child protection needs a multi-professional and multi-agency approach, which will be able to provide a safe and healthy environment for all its children. These working agencies exemplify their potential role in mitigating child abuse cases in UK, as their specific role is to protect children from abuse, consequently reducing the number of abuse cases. Nevertheless, on the NSPCC (2015) estimates, over half a million children are abused in the UK each year. This indicates the scale of the problem, even in a country where there are established policies and practices. It also indicates that the scale of child abuse in KSA may be much more widespread than believed, and that an important aspect of highlighting the issue of abuse through policy and information is that more cases will be reported.

## **2.13 Summary**

This chapter has given an overview of the position in KSA relating to child abuse, and provides the context within which this study has taken place. It has also highlighted

the strategies for child protection in other Arab countries like UAE, and the UK. This also provides an overview of current practices, which may be adaptable by KSA in ensuring that its practitioners are able to more effectively respond to issues of child abuse. It is clear there are many strands to exploring the needs of practitioners in being able to respond in the most effective way and ToC is a mechanism that will identify the small changes that can be made to achieve long-term changes. ToC enables reflection upon the role of the participants within the organisation in order to review and evaluate within a reporting framework.

# **Chapter 3 Professional Child Protection Training Programmes**

## **3.1 Introduction**

The previous chapter reviewed the context within which child protection in KSA is set. This chapter now continues the discussion by reviewing the literature pertaining to the role of social workers and the training required for carrying out that role effectively. As discussed earlier, the laws have now changed in KSA, and child abuse has been criminalised, therefore it is more important now to ensure that professional training meets the demands of the job and supports the role that social workers are expected to fulfil. The research question seeks to investigate the training that child protection workers review and determine if this is sufficient in meeting the needs of the professionals in this field.

This chapter therefore reviews training and development in general and the reasons behind the concept of training. It then looks at the social work education system in KSA, and the role of social workers in child protection. The training provided for both social workers and practitioners in KSA is explored, to investigate how this enables them to respond to child protection issues. It further discusses the literature on the training needs of KSA child protection professionals and how these needs are being met. The literature on UK experience of team work and collaboration in social work training is also discussed so that it gives a perspective from the wider experience of a more established system of child protection, given that child abuse training has been available in the UK for more than fifty years.

There is limited research specifically looking at the experiences of social workers, psychologists, managers of child protection centres, social work students and educators and training providers in KSA.

## **3.2 Concept of Training**

Much has been written about the concept of training and its purpose. Kashiw (2010) suggests it is a continuous process focused on an individual and aimed at making

changes to improve his or her performance for the benefit of the organisation. This suggests that it is work-based and is carried out to meet an organisation's objectives. However, Al-Azawi (2007) adds that it is also to meet the individual's own ambitions. It is seen as an organised and constant process for developing the individual's skills and abilities, enabling him or her to perform their job effectively and efficiently (Falwki, 2004). The importance of training is that it provides an individual with the skills and experience to become more productive in the workplace (Al-Taani, 2010) and therefore validates his or her position (Elewa, 2001).

Although training may be carried out to improve an individual's performance in the workplace, there must also be benefits to the individual, otherwise there could be resistance to any form of training. Balout (2002) affirms that training is a group of designed and directed activities, either for upgrading the level of skills, knowledge and the individual's experiences, or to make positive modifications in their tendencies, actions and behaviours. It is therefore seen as a process for making changes to the way an individual acts in the workforce, and this process has positive benefits for everyone (Hansson, 2007). To understand the benefits to an individual, it is necessary to focus on the satisfaction they may have in feeling that they are developing transferable skills, which are likely to help them in the future. Tantawi (2004) believes that training helps employees find an ideal work style in their current role and prepares them for a future role by developing habits, movements and skills, which will provide them with an understanding of their work, information or artistic skills.

Overall, training is a learning process, which gives individuals the understanding of how to apply new knowledge, and it is also a process for programming behaviour (Ashy, 2006). It changes behaviour through applying educational principles and usually the behavioural change focuses on awareness, information, skills, activities, directions or values and beliefs (Anderson and Tushman, 1997). Training provides knowledge and skills so that changes can be made to experiences, directions and behaviours in order to develop performance (Al-Atani, 2002).

Grohman and Kauffeld (2013) suggests that whilst training may benefit the organisation in having employees who can perform better at work and increase

productivity, it also has benefits to the individual, which may surpass those to the organisation. Individuals often feel valued by the investment that is being made in them. The psychological effects of being chosen for training may enhance the individual's sense of self-worth and give them confidence in themselves. This is also likely to have an effect on their performance at work, but the greater impact may be on their personal attributes (Al-Atani, 2002). Redman and Wilkinson (2013) suggest that the social function of training should not be discounted, as it helps individuals form friendships. These points highlighted the considerable benefits to an individual in undergoing training.

### **3.2.1 Training and Education**

Training is usually associated with development and preparation for work roles although, as can be seen, it may also benefit individuals by enhancing soft skills, or life skills (Al-Atani, 2002). However, Al-Taani (2010) also suggest that training tends to focus on the importance of practical application, particularly on preparing an individual to perform work tasks or to solve a specific problem. Quite often training and education are perceived to be one and the same, but studies have shown that there is a difference between them. For example, whilst education is more theoretical, and provides more general information to face certain situations or solve general problems, training is more related to skills. Billy and Herbert (1990) suggest that education should include an element of training, so that learners can bring together both the theoretical and applied knowledge to their work.

This argument can be linked to the current training for social workers in KSA. The trainee social workers start their programme at university and undertake a series of modules, which give them the theoretical foundation for their chosen career. During the programme, the trainees gain practical skills and experience through placements and this is where they learn to apply the theory. Wilson and Kelly (2010), have argued that there is a disconnectedness between social work education in the UK and practice. They suggest that in order to ensure that social work students are prepared for the challenges of practice, there should be a better integration of the practice and theory in social work education. Similarly, in KSA, Halalat (2015) calls for a better structure of learning for preparing social workers to combine the theoretical

knowledge that they have received, and the experience gained from their practice placement to ensure that they are more effective in their duties.

### **3.2.2 Training and Development**

Development and training are also interrelated. Al-Haiti (2003) believes that training focuses on activities through transmitting skills and knowledge to reach an acceptable level, whereas development prepares employees to take on additional responsibility. They can therefore be conceived as a strategic process depending on the current situation and immediate needs, in addition to formulating a strategic vision for the future. Training, which is the focus of this study, is sometimes seen as a short-term solution, and other times, it enables an individual to build more general skills and knowledge over a longer period of time. Baker (2014) argues that the difference between the two is that training is one-dimensional, whereas development is multi-dimensional. Thus, training is simply a small part of learning and development (Baker, 2014).

There may therefore be occasions when a number of short-term training programmes are needed for an individual to progress and develop. This is especially relevant to those who are working but need to update their skills. On the other hand, the training provided may not lead to development, as it may not be relevant to the individual's needs (Al-Taani, 2010).

## **3.3 Education System in KSA**

In order to understand the context in which this study is set, it is important that the educational system in KSA is acknowledged. It was not until the 1930s that formal primary school education was established in KSA and the Ministry of Education was formed in 1954. In 1958 all the members of the Arab League agreed to have a uniform educational system, whereby children would spend 6 years in elementary school, 3 years in intermediate and 3 years in secondary school. All children must attend school and this is completely funded by the government. The first university, King Saud University in Riyadh, was founded in 1957 and the Ministry of Higher Education was established in 1975. This gives an indication of how recent the introduction of systems for educating the Saudi population has been, and how rapid its the growth has been. There are now 30,000 primary and secondary schools, and

more than 50 universities in KSA, with more being planned (Royal Embassy of KSA, 2015).

### **3.3.1 Secondary Education**

Schools for girls were built in 1964 and female students have taken advantage of the opportunity for education, meaning that there are now more females than males enrolled in schools and universities (Hamdan, 1990). Education is segregated from the time children start elementary school at the age of six, through until they complete their university education. As mentioned, elementary schooling lasts for six years from age 6 - 12, and if children pass their examinations, they receive an Elementary Education Certificate, which qualifies them for intermediate school for a further three years at age 12 – 15 years. It is at intermediate level that children start to learn English, which is compulsory. At the end of this stage they must pass an examination to gain an Intermediate School Certificate, or they are not allowed to enter secondary school. Secondary education usually encompasses the 15 – 19 year old age group, and results in a Secondary School Certificate, which is issued if students pass examinations in all their subjects with a grade of at least fifty per cent. Throughout the education system, much emphasis is placed on Islamic principles. There has, however, been concern that too much emphasis is placed on religion at the expense of science and maths, and that the content of religious education is too narrow for the modern world (Khashoggi, 2014).

### **3.3.2 Higher Education**

In KSA the predominant language of instruction is Arabic, although many universities are starting to realise the potential for using English as a medium of instruction, especially in fields of medicine. English language classes are mandatory in the first year of higher education (Clark, 2014). The Saudi academic year for higher education is divided into two parts and runs from September to June. There are sometimes optional summer sessions. However, in more vocational courses operated by institutions, a three term academic year is more likely. The whole university system is modelled on the American structure and provides two year associate degrees, four year Bachelor degrees, and two year Master's degrees (Clark, 2014).

**Table 3.1 National Qualification Framework for Higher Education in KSA.**

National Qualifications Framework for Higher Education		
LEVEL	QUALIFICATION	CREDIT REQUIREMENT
Entry	Secondary School Certificate	N/A
1	Associate Diploma	30 (one year)
2	Diploma or Associate Degree	60 (two years)
2.5	Advanced Diploma	90 (three years)
3	Bachelor Degree (BA, B.Sc)	120 (four years)
4	Higher Diploma Graduate Diploma Postgraduate Diploma	24
5	Master (Science or Arts)	24-39
6	Doctor of Philosophy	12-30

Source: NCAAA

In order to ensure that Saudi students receive degrees with international recognition, a National Qualification Framework was introduced in 2009 by KSA National Commission for Academic Accreditation and Assessment (NCAAA). This provides students with confidence that their degrees would be consistent in meeting the same standards throughout KSA, whichever higher education institutions they attend. All higher education providers must comply with this framework, whether a public or private organisation, and accreditation lasts for seven years so they must be prepared to show that they are maintaining standards (Ministry of Education, 2015). Table 3.1 shows the National Qualifications Framework for KSA.

### **3.3.3. Students studying abroad**

Saudi students enrolling on overseas degree courses have been expanding rapidly since the 2005 introduction of the King Abdullah bin Scholarship Programme. By 2008 the total number studying abroad reached 22,976, of whom 18 043 (78%) were male, and 4933 (21%) were female. The numbers for the 2012-13 academic year showed a dramatic increase to almost 200,000 Saudi students studying abroad, and nearly 166,000 were on the scholarship programme (Minister of Education, 2015). A substantial number of these students were female, 150,109 were males and 49,176 females. This indicate that almost one third of Saudi students in overseas universities are now females. The United States receives the largest number of Saudi students, followed by the UK, where approximately 9000 students have taken up places in UK universities over each of the past three years (UKCISA, 2016).



The Saudi governments encourages students to study medical or health and engineering sciences abroad, then, computer science and basic sciences information and communication. Therefore, the most popular subjects are medical, health and engineering, followed by, business, management, law and social sciences education. Therefore, studying abroad may contribute to the quality of teaching in the Saudi state sector, which has been very slow to improve (Ahmed, 2015). This has an impact, not just on schools in KSA, but also within the university sector.

### **3.4 Social Work Education and Training in KSA**

The focus of this study is on the effectiveness of training programmes which support the social work provided for victims of child abuse. Arab social workers incorporate Quran'ic teaching and prophetic traditions into their regular practice and KSA provides social welfare programmes that are in accordance with Islamic philosophy. This means that there is a general responsibility for everyone to care for those who need help. However, with social work being more established in developed countries, the profession has drawn more upon knowledge and research based on Western values. Although there are significant differences between KSA and Western countries like UK and USA, this does not seem to have had a negative impact on social work education in KSA.

Holtzhausen (2011) suggests that the Arab world still needs to find an appropriate model, based on Arab cultural and religious practices. Fouche (2015) concurs with this argument, suggesting that there has been increasing awareness that the Arab world needs to develop its own model, given that social work has developed in a different way from the West. The solutions that social workers take in Arab countries may not be viewed in the same way as those adopted by Western social workers. For example, because of the significant role the extended family plays in Saudi culture, social workers in KSA work with the extended families in finding solutions for children whereas foster families are used in Western countries like the UK. This does not mean that they are not the right decisions, but they are very much culture-bound. As Lyons and Huegler (2012) suggest, social work is highly contingent on the context in which it takes place, and this is influenced by cultural, linguistic, economic and

socio-political concerns which are manifest in the various academic, organisational and welfare traditions associated with different countries.

In 1962 the Saudi Ministry of Labour and Social Affairs established an Institute for Social Work to provide training courses on social work methods, as well as sociology and psychology and fieldwork. It has progressed over the years, as KSA has experienced rapid societal change and enormous economic growth. These changes have had an influence on family structure and values (Albrithen, 2006). Academic institutions, such as universities, now teach social work, and many professionals are involved in practising social work. These include psychologists, specialist training providers, as well as social workers in schools and in hospitals. There are five universities across the Kingdom offering bachelor degrees in social work and they all have similar structures to those in the United States (Albrithen, 2013). Among these are King Saud University, which has a curriculum based on general social work, and it is in the third year that students are able to specialise. Towards the end of their course, students have field training in the areas they choose. Al-Imam Muhammad Bin Saud Islamic University offers a four year bachelor's degree as well as a specialised diploma in social work. It also teaches theory, with special reference to Islamic principles, in the first two years, and there is also practical field training. The Master's degree offered is the only one in KSA to incorporate a field placement. King Abdulaziz University is the most recent to offer a social work degree, as the department was set up in 2009. For the first two years general subjects are taught, followed by specialist areas of sociology and social work. However social work modules are not introduced until the fourth year, along with the field placement (Albrithen, 2013).

Ragab (1995) concurs that social work curricula in KSA are strongly influenced by the American model, but notes that Saudi students are not given enough freedom to take up their own specialist interests. Optional modules are often eliminated by university committees (Ragab, 1995). Albrithen (2013) argues that not enough attention is paid by the education institutions to the importance of social work in its own right, as it is often mixed with sociology. For social work trainees in the field of child protection, this means that there is a limited time for them to immerse themselves in the specialist area, as their training is often very general. Although this

may mean that they gain fundamental principles of social care, it also indicates that they do not achieve a depth of understanding within their specialist field (Albrithen, 2013).

Prior to 2010, the entry requirements for social work degrees were similar for all universities. For example, King Saud University states that students should have a high school diploma with an average of 65% and a certificate of good conduct and manners. They are also required to pass an English language course. Umm Al-Qura University has the same entry criteria for all students and includes a medical exam (Al-Otiabi and Al-Jarboah, 1996). The College of Social Work for Girls' Education, now known as Princess Nora University, only admits Saudi nationals. All universities require an interview before acceptance, but many regard the social work degrees as an easy option for gaining a bachelor's degree and getting a job (Al-Saif, 1991). It may make it more difficult for social work practitioners to be regarded as professionals, when their degree is devalued by public perception that it is easy to achieve (Rugh, 2002). Additionally, such a perception may lead to unsuitable candidates applying for these social work degrees (MacAlister, et al., 2012).

### **3.5 The Role of Social Workers**

The role of the social service specialist is to facilitate contact with the specialised institutions needed. To be able to carry out this role effectively, the social worker must be able to identify the needs of the person referred and the services available to meet those needs. There must be a certain amount of knowledge of what the services offer and an evaluation of both positive and negative points (Al-Ajlan, 2000). The social worker must also be trained to solve problems. In addition, a social worker has a responsibility for dealing with individual cases and should have all available information plus the resources to help referrals. For example there may be a need for practical workshops showing simulations of abuse, which require great skill on the part of the social worker (Hussein, 2006). Al-Fayez (2006) argues that social workers should help victims of abuse by developing plans to improve their social and economic situation, and should be able to deal with other professionals. Consequently it can be seen that a social worker needs a wide range of skills and knowledge in order to be effective (Al-Fayez, 2006).

In the UK, the College of Social Work<sup>11</sup> (2014) described social workers as performing multiple roles. It is noted that they need to have knowledge of the law and be able to access support and services to meet the needs of those with whom they are dealing, in order to enable them to lead improved lives. They also have a responsibility to safeguard people, and to ensure children are safe and well by helping their families change where necessary. With regards to the role of professional training, which is the focus of this study, the College of Social Work (2014) requires social workers to be educated and trained to protect those who are unable to protect themselves. For instance, a children's social worker must be the professional who leads any assessment or investigation to safeguard a child from abuse or neglect, and then arrange alternative care where needed, including for disabled children and their families. It must be highlighted however that although the College of Social Work (which was set up following recommendations to address social worker failings after the death of a young child) was closed due to insufficient membership and lack of funding, its principles still remain relevant.

In the UK, there is now a move towards having specialist children's social workers, instead of the traditional generic practitioners who could work with all age groups (Moriarty et al., 2015). Within the profession there is some dispute on how social workers should be trained, with the majority of educators preferring to keep a generic social work qualification (Association of Professors of Social Work and Joint University Council Social Work Education Committee, 2015). It is worth noting that some policymakers and employers would prefer to have specialist pathways (Social Work Task Force, 2009; Narey, 2014). Of significance is a fast track specialist programme called 'Frontline', which is being delivered for children and family social workers<sup>12</sup>. Frontline is run in partnership between a number of experts in the social work field, as well as the University of Bedfordshire's Tilda Goldberg Centre, the Institute of Family Therapy, and the Institute of Psychiatry at King's College London.

“The programme designed to prepare participants for frontline children's social work posts needs to aim for excellence, learn from the best practice that exists and use imaginative and creative forms of delivery. The design of this training programme is an opportunity to test existing assumptions about

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<sup>11</sup> Now disbanded

<sup>12</sup> See <http://www.thefrontline.org.uk/>

social work education and offer high quality leadership programme that prepares exceptional graduates to be outstanding social workers”.

(MacAlister et al., 2012: 21)

Frontline's main goal is to develop and train outstanding social workers to effectively work with vulnerable children to improve their futures.

### **3.6 Training the Social Workers**

As with all professional roles, the correct training is essential for being able to carry out the role, and this is particularly important in a situation where child abuse is identified. It is not only initial training that is needed to support a professional role. In recent years the importance of ongoing training has been recognised and continuous professional development or CPD is regarded as essential for any professional role, not just for social workers. As Zoelf (2003) argues, professional development is necessary in professional jobs and is an evolving and continuous process taking people through stages until they have attained professional growth. It is thus acknowledged that training should be constantly available to all employees, especially where knowledge changes and develops continuously. This is particularly noted in professional jobs like social work, where there are constant changes as situations and circumstances require amendments and updating on policies and practices (Abdelgadir and Elbadri, 2001).

In the training of social workers, some employers believe that there is too much emphasis on theory at the expense of practical application (Social Work Reform Board, 2010; Narey, 2014; Pemberton, 2014). They argue that trainee social workers are not being prepared properly for the work they are going to be carrying out. In response to the 2014 Croisdale-Appleby report on how children and family social workers are trained in the UK, Narey (2014) argues that:

“One newly qualified social worker from a well-regarded University told me that the concentration in her course on non-oppressive practice was at the expense of understanding practicalities about the job. I don’t believe her experience was unique. Although some academics are dismissive of these philosophical approaches, they have a prominent place in some of the university social work curricula I have seen and enjoy significant prominence in core texts. In part they represent a challenge to the views

of successive governments that the child has primacy in children's social work and needs to be viewed as an individual."

(Narey 2014: 11)

Whereas the universities, where social workers are being trained, may feel their responsibilities are to provide theoretical knowledge, the employers need to have social workers who understand how to apply that theory. When confronted with the realities of the role, social workers may feel that they do not have the experience and confidence to make necessary decisions if they have not had the opportunity to gain the actual skills that underpinned by their knowledge. Higgins et al. (2014) found in their study of social work trainees in England that the students did not feel they had the opportunity to apply what they knew when they were on placements. This was often due to having to focus on other activities such as completing assessments, obtaining information and meeting targets (Higgins et al., 2014).

### **3.7 Training Practitioners**

Once the trainee social workers have graduated and are in jobs relating to child protection, they need to continue with their training in order to update their skills and knowledge. As noted earlier, KSA has been undergoing rapid social change. The new laws introduced on criminalising child abuse are an example of this. Practitioners need to keep aware of developments and should receive regular training to enable them to operate effectively. Aziz (2013) reports that the NFSP offers specialised training services to professionals in different areas, such as workshops on domestic violence and child abuse. Professionals include health professionals, social workers, counsellors, criminal investigators, lawyers, and law enforcement personnel. All of these professionals will have a different focus and different needs, and as such, efforts must be made to make the courses relevant to them (Aziz, 2013).

Prevention of child abuse is one area where more training is needed. Al-Muneef (2012) argues that, although child protection services have been growing in KSA in the past few decades, there is still a need for more emphasis on prevention programmes. Training professionals in how to identify child abuse is critical, because these individuals can take measures to stop child abuse, and enable the parents to realise that they are wrong in treating their children badly and help them to find better ways (Grohman and Kauffield, 2013). However, it is often logistically difficult to

provide training courses across KSA. One solution that has been suggested is the introduction of online courses. A study by Rheingold et al. (2012) examined the feasibility of two different formats of prevention programmes for child sexual abuse from the perspective of childcare professionals. The findings were that both online and in-person training formats are feasible to implement and effective for practitioners. The in-person format was preferred in terms of comfort level and likelihood of sharing information and contact with others (Rheingold et al., 2012). This indicates that interaction with others working in the same field is something that is valued. This may reduce stress levels, which are necessary when dealing with some of the child abuse cases. As Morrison (2006) argues, social workers need to use emotional intelligence in negotiating the relationships and emotions for surviving in such a difficult profession. However, it also suggests that online courses could be provided for practitioners in rural cities in KSA, who are often not able to access training. Bennett-Levy and Perry (2009) found that online training for rural mental health practitioners could provide effective training as well as reduce costs and time (Bennett-Levy and Perry, 2009).

Child abuse covers many aspects and training to cover responses is essential. Child protection is defined by the World Health Organisation (WHO) as being the measures taken after child maltreatment has happened. Whilst it is important to try and prevent child abuse, this study relates to child protection and the support offered by practitioners to the victims of child abuse. In KSA, the Law of Protection from Abuse 2011 makes it mandatory to report child physical and sexual abuse, but these apply only to health practitioners. However, the Law of Protection from Abuse 2013 extended the duty to report child physical and sexual abuse to educational professionals as well (Al-Eissa and Al-Muneef, 2010).

The way in which these reports of child abuse are dealt with are often subject to differential response. This means that family support may be offered, rather than a formal investigation, although an assessment must be made of any potential risk to the child (Mathews, 2014). Although this may seem to be an appropriate way of dealing with a case of child abuse, it was found in a recent evaluation in America that less than half the parents attended therapy courses as requested, and that the children were more likely to be abused again (Fuller et al., 2013; Heimpel, 2014). Appropriate

training in monitoring such responses may be relevant to practitioners, as they also need to be kept advised of relevant research and processes.

### **3.8 Training Needs**

If training is not properly planned, it can be of little benefit to the individual or to the organisation. The first challenge in planning any training activity is represented in identifying the training needs. Measuring these needs systematically using specific methods such as surveys and skills assessments is the best way of specifying the skills, knowledge and information required to improve the efficiency of both the organisation and the individual (Al-Anzi, 2000). The concept of training needs is when a structured programme is organised to address any shortage or lack of a specific skill (Al-Sakrana, 2011). A process is required in order to achieve this: firstly, an evaluation of an individual's performance is carried out against specific criteria measured according to performance, functions and responsibilities of a job (Al-Kablan, 1992). This identifies any strengths and weaknesses. Decisions can then be made on what needs to be developed in order to meet the criteria. It is important to have a system of evaluation in place as Ayob and Abu Dawla (2003) found in their study. Without such a system a company or organisation cannot identify the training required, and individuals are reluctant to disclose any deficiencies they may have.

Another study carried out by Al-Satri (2004) in KSA found that the management of a financial organization lacked experience in applying methods for specifying training needs. Instead of evaluating performance against criteria, they used dialogue.

However, as Ayob and Abu Dawla (2003) discovered, this may not be effective when individuals are not able to, or do not want to, comment on the skills they lack. It may be perceived by individuals that they are not good enough to do their job.

Additionally, individuals may simply choose training they want, not what they need (Al-Fouta, 2002). That is why an objective analysis should be conducted and Ayob and Abu Dawla (2003) recommend using an external advisor. The training must be relevant to the individual's development in their work role, and therefore beneficial to both the individual and the organisation. This resonates with the elements of the ToC, which focuses on the role of the practitioners, to reflect on ways in which the organisational training may be improved and developed, in order to make improvements to their practice, in responding to child abuse. Training is a global issue



and Lyons (2006) rightly argues that there is also a need to understand that there is a global dimension or aspect to all social work and that training should reflect the international dimensions in training programmes.

There are different training needs for different groups; for example, social workers need professional development programmes that are not necessarily the same as those for psychologists. While there is a need for all professionals to understand each others roles and how they need to work together, each group also has specific needs and much also depends on the organisation as some organise similar training for different occupational groups, whereas others will have different training for each specific group. However, there is also room for multi-disciplinary working, where professionals may get the opportunity to exchange experiences and thereby understand their part in the wider field of child protection.

### **3.9 Collaboration and Supervision in the UK**

The training needs of an individual are related to the organisation and the role it expects that individual to carry out. However, there is also a need to look at the individual's role within a wider perspective, as individuals in social work do not work alone. Working in teams in a collaborative way has been important in social work, as it enables practitioners to discuss areas of concern, and in its own way it can also be considered a form of training. Where there are more experienced social workers, their views may be shared with those less experienced, and newly qualified social workers can gain from these insights. One model which has been influential in the UK is the Hackney model, where staff are placed in small units led by a consultant social worker, and weekly meetings are held to discuss every family within their remit (Moriarty et al., 2015). Fry et al. (2012) found that this resulted in better quality assessments, and also less stress on the social workers. This is similar to practices in the social work teams in KSA.<sup>13</sup>

Supervision of social workers occurs with trainees on placements, and is seen as a valuable component of the training. In England social workers are supervised throughout their careers, usually on the basis of once a month (Goldman, 2013) and

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<sup>13</sup> This information is based on the experience of the researcher.

this is a practice that can also help alleviate emotional stress on practitioners. It has been associated with job satisfaction (Beddoe, 2012; Chiller and Crisp, 2012) and this may be due to the feeling that experiences can be shared with someone else meaning practitioners feel better supported. Carpenter et al. (2012) comment on the value of supervision:

“Learning from supervised practice is an essential component of the education and training of social workers. Through regular, structured meetings with a supervisor, students learn how to manage a caseload, apply theory and research evidence to practice, perform the key tasks of assessment, planning and intervention, and reflect on their own professional development. Supervision is also an opportunity to seek and receive emotional support for undertaking what can often be a demanding and stressful role.”

(Carpenter et al. 2012: 1)

Yet there have been concerns raised about the quality of the supervision that practitioners receive (Laming, 2009), and the opportunities that supervision gives for enabling practitioners to discuss any emotional issues they may be facing (Ingram, 2013). There are also doubts over the impact such supervision has on practice (Carpenter et al., 2012). Whilst collaboration and supervision may be valuable additions to training, they do not replace the fundamental training that prepares students for a social work career.

It is important to note that there are two types of supervision in KSA, the academic supervisors and the practice supervisors. These supervisors work with trainees while undergoing practice placement by providing weekly support, and having weekly meetings. Students are required to give a weekly report of their learning and practice activities, and these are forwarded to the university on a monthly basis.<sup>14</sup>

### **3.10 Summary**

This chapter has provided an overview of training programmes for social work trainees and for practitioners and has raised some of the issues involved in dealing with child protection. The training of social workers has been based on Western principles but these appear to be working for KSA, although this study may give

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<sup>14</sup> Due to the lack of literature in KSA, this information is provided based on the knowledge of the researcher.

further insight into this. There is some concern in the literature that young people may see social work as an easy option for gaining a degree and a job, and there may be no vocational calling or sense of professionalism in those who are taking up these programmes. The content of the university courses also raises concerns in that it may not be preparing young people for their role as a social worker. Once they are in positions of responsibility, continuing professional development programme may not be meeting needs or be relevant to the practitioners. All of these different areas require the perceptions of the different groups to be disclosed and the application of ToC will facilitate the manifold views of these groups, in order to provide a clear picture of the situation. In this way it will enable the perspectives of these different groups to be taken into account, so that decisions can be based on the views of those most closely involved in child protection. The perspectives of the participants in this study will further define where small but effective changes need to be made in order to make the training programmes more relevant to the needs of the practitioners. As child protection is a relatively new area in KSA, and the 2013 law criminalising child abuse has only recently been implemented, there is currently little information available to be able to ascertain the impact of this new law on suitability of training.

# **Chapter 4 Methodology**

## **4.1 Introduction**

The previous chapters have provided an overview of the context of child abuse in KSA, and a review of the literature relating to child protection and the training of social workers to deal with violence against children. In order to investigate the situation in KSA, this chapter presents the research methodology used for this study and how it has guided data collection and its analysis. As mentioned previously, this study aims to identify the issues of social workers and other professionals in responding to child abuse and how such responses can be improved in KSA. It also seeks to investigate how training needs may be developed to meet practitioners' expectations and needs. It is important to remember that 2013 law for child protection has come into effect and this means that child abuse is now a criminal offence in KSA. More focus is now on the ways in which social workers are prepared to support these protection laws. This chapter sets out the framework for the research design so that a methodology appropriate for the investigation could be chosen. It discusses how a case study approach was used, with a cross sectional analysis, and provides further details on the research method used, the data collection process, instruments used for collecting data, sample profiling, data analysis, ethical considerations and the challenges experienced in carrying out the study.

## **4.2 Research Objectives**

There were two phases to this research study. The first phase was a pilot study, and the second phase, which formed the main study. The pilot study addressed the first research question by exploring the policies in place to respond to child abuse and for placement of children in KSA while they are in care. The objectives were as follows:

1. Examine the policies of institutions in Riyadh dealing with abused children.
2. Investigate intervention programmes and services offered to abused children by the child protection institutions in Riyadh.

3. Explore the experiences of social care professionals working with abused children in KSA.
4. Explore other Islamic, Arabic and Western countries' training programmes for responding to child abuse, and their applicability to KSA.

### **Main study**

After analysing the media coverage of child protection and child abuse in KSA through documentation and literature, and doing preliminary interviews with professionals, practitioners and managers in SPD around child protection in KSA, the main research objectives for this study were consequently narrowed down to focus on exploring and investigating the training programmes which prepare social workers for working in the field of child protection. The second and substantive stage of the study therefore set out to achieve its aim of exploring the nature and extent of existing professional child protection training programs in KSA, according to the perceptions of those working in the child protection system, with the following research objectives.

1. Understand practitioners' perceptions of their child protection training programme experiences.
2. Understand the educators and trainees' perceptions of the child protection curriculum and their practice placement in the area of child protection and how it may affect child protection practice in the future.
3. Investigate the kinds of information and knowledge practitioners feel they need to effectively respond to child abuse.
4. Explore how professional child protection training programmes can be developed to meet practitioners' perceived needs with reference to the applicability of other countries' training programs.

### 4.3 Research Context

*Figure 4.1 Riyadh location in KSA map (Source: Wikipedia)*



KSA is a country which is divided into 13 different regions, the main one being in the Central Region where the capital city of Riyadh is located.

Despite its wealth, and being regarded as one of the richest cities in the world, due to its revenues from production of oil, Riyadh also has a high immigrant population attracted by work opportunities. The Central Department of Statistics and Information (CDSI, 2016) states that one third of the KSA population is foreign, mainly male, which may reflect professionals brought in to work in international organisations. However, there is also a hidden migrant population, who are undocumented and liable to deportation. Many of these are undocumented as they have left domestic employment following abuse. According to Saudi laws, migrant workers are not permitted to change employment without their employer's permission (Human Rights Watch, 2015).

As mentioned previously, the study focuses on the city of Riyadh in KSA, and takes a case study approach, adopting a range of data collection methods to better understand the context of child protection work in the region, the experiences of front-line professionals, trainees, educators and the experience of training providers. Riyadh was selected for this study as it is the centre of all the government agencies with their administration offices. The main branches of social care agencies are in Riyadh and other parts of the KSA follow the main branches' policies and legislation. Such

agencies selected for this study were the NFSP, AWA, SPD, as well as social worker teams linked to schools and hospitals in Riyadh.

Three universities which deliver social work programmes were selected for the study and the educators and social work trainees came from these universities, again all located in Riyadh. These establishments were Imam Mohammed University (IMU), Princess Nora University (PNU) and King Saud University (KSU).

#### **4.4 Research Design**

There are different forms of research design: descriptive design, experimental design, action design, case study, exploratory design, longitudinal design, meta-analysis design and observational design (Kalaian, 2008). The most appropriate design for this study was deemed to be a case study design as this would bring into focus the specific issues relating to the topic of child protection and allow different perspectives to be highlighted. It also allows the use of different methods to be applied in investigating the phenomenon, specifically here written responses, interviews, survey and documentary research. These methods enable in-depth data to be elicited from a wide variety of sources (Cohen et al., 2007). Cohen et al. (2007) explain that case studies allow the complexity of behaviour and situation to be caught, especially when organisational systems are being investigated.

In this research, the case study design involves an in-depth analysis of the professional child protection training programmes in order to demonstrate practices and professional interventions in use. Within the case study design, it also allows the perceptions of practitioners, social work trainees and educators to be heard and therefore provide a full exploration of the issues relating to the research questions, with a view to changing the context of the responses to child abuse in KSA.

The social work practitioners in KSA have been asked to respond to new policies and legislation and have been undergoing a period of considerable change, therefore any reports that facilitate their understanding of this change will be of great benefit to them. Crawford and Mills (2011) applied ToC as a framework for organisational

change through changing organisational discourse, specifically language. Schierhout (2013) argues that applying ToC can help to identify effective programme strategies and enhance knowledge of the mechanisms through which strategies can be implemented most effectively in different contexts.

Applying a ToC in this study helped to identify information which can lead to recommendations by listening to the voices of the practitioners themselves and evaluating where small changes could lead to improvements. It has been defined as an approach showing how and how and why an initiative works (Weiss, 1995) and was relevant to this study, which is investigating the training programmes provided to support practitioners in their roles within child protection, given the laws that have recently been implemented in KSA (Connell and Kubisch, 1998). The ToC was relevant as change is taking place in child protection in KSA and this enables any problems to be identified with responses to child abuse, while at the same time evaluating barriers and interventions that may be required for successful outcomes. In addition, this approach meant that different perspectives were taken into account so that a wider understanding of the issues could be explored. The findings from this study will be disseminated to policy makers and practitioners, and it is important that the findings are considered within a context of on-going change in KSA social work.

Change, including social change, is taking place in KSA. This study helped to make sense of these changes from the perspective of the participants. In applying ToC, the participants' views and attitudes can be more readily understood in the context of the changes that have been taking place, as it helped to identify the problems and guide towards possible recommendations.

By using ToC, the aim was to identify characteristics of training for social workers in KSA relating to child protection, with the overall aim of recommending changes that may improve responses to child abuse. Therefore, from a ToC perspective, there was a presumption that a process of change is involved. The ToC framework underpinning this study elicits information from practitioners in order that barriers, interventions and potential outcomes can be identified to enable that process of change to occur.



## 4.5 Research Paradigms

This research is a case study of social work preparation for child protection practice in Riyadh, the capital city of KSA. It uses a qualitative paradigm and a pragmatic approach by selecting methods most appropriate for the research problem. Ivaylo (2013) confirms that a pragmatic approach is useful in that it allows mixed methods to be used. Pragmatism is linked to practical problem solving and also has an association with action, interventionism and constructive knowledge. It is concerned with change (Goldkuhl, 2012), which works well with this study, because it seeks to find a solution to a problem by making recommendations for changing the response to child abuse in KSA. First of all, the pragmatic approach is concerned mainly with finding the best way of gaining information about the identified problem (Smith, 2009).

The basic premise on which this research study is based is that investigation of the issues involved in child protection in KSA will lead to recommendations and consequently change. To bring about this change, however, any action needs to be guided by knowledge (Goldkuhl, 2012) and that is why the new and constructive knowledge offered by the data collected in this study is important. The foundation for any change in providing solutions for improving responses to child protection issues in KSA depends on the constructive knowledge presented in the findings of this study. By using a pragmatic approach, any interventions proposed are supported by purposeful investigation related to the research aims and objectives.

However, it should also be recognised that there may be weaknesses in using a pragmatic approach as such studies may offer descriptive rather than analytical results, and that solutions (especially interventions) may be presented without specific reference to how they are to be implemented and the impact they may have (Smith, 2009).

Nevertheless, the pragmatic paradigm is also supported by the ToC where the suggested changes are upheld by evaluation and informed social practice (Stein and Valters, 2012). The methods used in this study for collecting data encouraged practitioners to reflect upon their practice and make observations according to those reflections, thereby presenting a platform for the discussion on how to develop and

improve such practice. As Stein and Valters (2012) suggest, ToC can be used as a planning tool, or provide, more flexibly, expectations of how development can take place. It works to best effect when the constructive knowledge from a pragmatic approach is analysed to provide the understanding required to implement developmental change. Research grounded in the lived experience of practitioners is most suited to ToC (Valters, 2014).

It must also be acknowledged that my own social work background has enabled me to have an insider perspective on this research as I can understand the issues involved. I worked as a social worker in social institutions and as a social work educator in a social work college in KSA. Before conducting this research, I was unsure whether I felt sympathy for, or irritated by, the fact that things were not changing for social workers in child protection, as I knew the implications of changing practices in a conservative country such as KSA. I completely understand the cultural issues involved in responding to such a sensitive issue as child abuse. Nevertheless, within this study I have adopted an outsider position in my role as a researcher. In this way I could benefit practices in child protection in providing additional perspective offered by the international experience I have obtained through my research.

Being an insider has certain advantages in that research is often facilitated by enabling the researcher to have access to participants that may not be possible for outsiders (Adler & Adler, 1987), although this is countered by suggestions that the researcher may be too close to the project for objectivity (Kanuha, 2000). An insider may have more empathy with the participants but Asselin (2003) suggests that, although an insider may be more aware of the issues, they should approach the research as if they know nothing about the phenomenon. It is important that an insider engages in self-reflection but the emotion or passion they may bring to the phenomenon being researched means that it may well have more impact on its audience (Dwyer & Buckle, 2009). I had the advantage in my position of being a fellow social worker of finding it easier to access the participants. In addition, I had more empathy with the social workers I interviewed and could understand their perspective. Nevertheless, I made a conscious effort to approach the issues with an open mind, to ensure that my feelings and opinions did not influence the research process.

On the other hand, there are also disadvantages to being an insider; it may be easy for the researcher to make assumptions, and this can lead to the researcher not asking pertinent questions, or letting the participants fully explain what they mean (Armstrong, 2001; Dwyer & Buckle, 2009). At all times, a researcher must approach a qualitative study by considering their positioning, but Hayfield and Huxley (2015) argue that the boundaries between insider and outsider positions may not be as clear-cut as imagined and that reflexive techniques may help to allay any concerns about objectivity; they also noted that ethical issues should be taken into account.

One of the challenges of this study was in the sensitivity of the topic it was exploring. In such cases, it is important that the researcher can enter the world of the participants (Dickson-Swift et al., 2008; Opdenakker, 2006), and that they can establish a rapport with their interviewees (Karnieli-Miller et al., 2009, Liamputtong, 2007). Building such a rapport can come from shared experiences, and this is often the empathy that comes from an insider. Although the blurred boundaries (Dickson-Swift et al., 2008; Hayfield and Huxley, 2015) that may come from sharing experiences mean that the interviewer needs to be constantly aware of their researcher role, they also mean that they build trust between the researcher and the participant. This makes it more likely that the quality of the data will be enhanced. My own experience in working with colleagues in this way was that I was able to establish a rapport with the participants, through explaining my position, introducing my research aims and objectives and declaring my interest. By sharing email and telephone contact links with them, I was also able to contact them if I needed further clarification, whilst analysing the data.

## **4.6 Research Method**

Based on the objectives of this research, a qualitative research method was considered the most suitable and best source of information to achieve the purpose of this study as very little information is available on this topic in the context of KSA. This was because in-depth responses were required to determine the issues perceived by the participants, which were bound to be complex. The qualitative research allows for depth and flexibility required to capture the richness of data (Padgett, 1998). It gives the researcher the ability to explore the thoughts and opinions of respondents (Creswell, 2005). In order to address the objectives of this study, semi structured

interviews, and written responses from child protection practitioners, social work students, educators and training providers were used. This was supported by surveys from social work students, which were used to add numeric value to the information collected. The use of surveys was considered, following the inadequate responses from 41 trainees from the written responses questions. This was also because it was not possible to interview students due to the time constraints of their university programmes.

These methods were chosen for this research as they enabled the use of different observation techniques such as body language, and non-verbal communications that enabled the highlighting and reporting on issues under investigation. They also encouraged a detailed and in-depth analysis of interviews and data collected, in order to better understand whether practices and professional child protection training implemented by other international nations could be applied or used in the context of KSA for responding to child abuse (Denzin and Lincoln, 2003).

## 4.7 Data Collection Sources

*Table 4.1 Data Collection Phases*

Data Collection	
Phase one (January 2013 – August 2013)	Phase Two (January 2014 – March , 2015)
<ol style="list-style-type: none"> <li>1. An analysis of the media coverage of child protection in KSA, and initial contact with the gatekeepers: January –June 2013.</li> <li>2. Preliminary interviews in the SPD in Riyadh, KSA: July- August, 2013.</li> </ol>	<ol style="list-style-type: none"> <li>1. On-going contact with gatekeepers and governmental agencies for the main study to negotiate access to policy documents and participants: January 2014 – January 2015.</li> <li>2. Interviews with professionals, practitioners, educators, training providers who were working in the field of child care in Riyadh, KSA: January – March, 2015.</li> <li>3. Survey to Social work trainees who were undertaking the child protection curriculum in three universities in Riyadh, KSA: January – March, 2015.</li> <li>4. Written responses from child protection practitioners, training providers, educators and trainees, who did not wish to be interviewed face to face: January – March, 2015.</li> </ol>

A number of methods were used for collecting data. These included interviews, semi-structured written responses and survey. As can be seen in Table 4.1, data was gathered in two separate phases. The first phase included an analysis of the media coverage of child protection in KSA and preliminary interviews, whilst the second phase included the interviews, semi-structured written responses and survey for the main study.

#### **4.7.1 Data Collection Process of Phase One (January 2013 – August 2013)**

##### ***4.7.1.1 Newspaper analysis***

Since there are very few statistics or academic articles available on child abuse in the context of KSA, a newspaper search was undertaken, specifically examining media coverage of child protection and child abuse in the KSA from 2010 to 2013. This was to find out more about how KSA is responding to this problem, and what policies and programs are in place in order to protect children from abuse. This stage applied a grounded approach and identified that the media was beginning to report on reasons for committing abuse and was starting to provide statistics on abused children and their abusers. In addition, there was reporting of some real stories on child abuse, and the signs and effects of child abuse. Such information was available through newspaper reports and in this way the most current data was able to be used. Reports presented through electronic newspapers, such as Arabnews.com, Human Rights Watch (hrw.org), Gulfnews.com, and BBC News have started highlighting the increasing issue of child abuse in KSA. The issue is becoming more common these days, and stories of how fathers are found beating their children to death point to the powerlessness, ineffectiveness or apparent unwillingness of government ministries to address the issue. Sabria (2014) reported that KSA has been experiencing a steady and slow increase in reported domestic cases of child abuse. The NFSP revealed that incidents of reported child abuse had increased almost eightfold in KSA, with physical abuse 58.4%, sexual abuse 18% and neglect 31.4% (Arab News, 2016). All of these news reports showed that more academic studies were required on this topic.

Media reports have also suggested that child protection policies and plans are being developed but were only in the early stages at the time these data were examined. The question of how they will protect abused women and children, how they will raise awareness through the media, and what processes will be used to support vulnerable families, had yet to be worked out. Therefore, there was a lack of information about what kind of programmes, workshops and lectures that the agencies had delivered, and there was no indication of training programmes for improving practitioners' skills and teaching best practice. This was the main problem encountered when trying to collect data from such sources. The issues had been highlighted but the solutions had not been identified. This gave the base to continue the data collection for this study.

#### **4.7.1.2        *Preliminary Interviews (July – August, 2013)***

Following the collection of data from secondary sources, the focus of this study then led to the collection of data from primary sources so that each method could support and inform the other. Primary information was collected through interviews.

Interviews were undertaken with different professionals in order to obtain information about the current practices applied and issues faced by these professionals in responding to child abuse in KSA. The aim of this data was to build a picture of the child protection professional's perceptions of the nature of child abuse issue in KSA, and examine their understanding of the policies in place to respond to child abuse and for placement of children in KSA while they are in care. The data also helped in examining participant's views about the preventive procedures and the therapeutic programmes in place to protect children from abuse within and out of the safe house.

The potential population for this phase was the professionals in the child protection institutions in Riyadh<sup>15</sup>. Some of these professionals had social work qualifications or were qualified in psychology or sociology. Interviews were conducted during July and August 2013 with 15 participants. This included all of those employed in a social work role in the SPD in Riyadh at the time of data collection (n=12), while the remaining three worked at a shelter (refuge) for abused children, AWA. The participants comprised 4 social workers, 5 psychologists, 5 social researchers and a manager of the SPD. The length of time in the professional role ranged from 6 months

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<sup>15</sup> See chapter 1 (1.7) for the institutions that make up the sample population for this study.

to 13 years, and of the total number of 15 participants, 13 were females and 2 were males, all ranging in age from 30 to 40 years.

The interview questions were semi-structured with mostly open-ended questions<sup>16</sup> and sought to ascertain a clearer picture of the SPD's child protection processes and developments. The participants were provided with an appropriate environment, which was in their offices or another location preferred by them, so that they did not feel uncomfortable. Furthermore, they were fully introduced to the purpose of the study and were provided with written consent forms. The participants were first asked if they were willing to take part, and where they signalled an interest to do so, arrangements were made at their convenience. The preliminary interviews were conducted and lasted 45-60 minutes. However, in order to learn about the effectiveness of the training programs, the later interviews were 20-30 minutes longer. The questions were grouped into five themes relating to child protection in KSA, and these were covered in the interviews. These comprised: (1) policy and practice at the SPD; (2) general information (Pre-Care); (3) children's homes; (4) the outcomes of the SPD; and (5) professional training and programmes. Probing questions provided clarification and assisted participants in expanding responses to the interview questions. Responses to the interview questions were written verbatim because the MSA did not give approval for their staff to be audio recorded. Participants' interviews were first transcribed, and then translated from Arabic to English, and then checked for accuracy, to ensure the accounts of the participants were correctly understood (Curry et al., 2009).

### ***Themes covered in preliminary interviews***

It is not usual to present findings at this stage in a report but the following themes were elicited from a preliminary interview, which was an exploratory study. From these themes the later aims of the main study were developed. Reporting them here therefore shows how the main study was built upon these themes, and they provide an understanding of the direction the main study was able to take.

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<sup>16</sup> See Appendix A

Theme 1: Policy and practice in SPD in KSA: Participants perceived that since 2009, there has been no progress in implementing policies and developing practices and programmes because there were no laws to protect abused children from violence.

Theme 2: General information (Pre-Care): Prevention processes in the SPD take the form of providing awareness and guidance to the children, parents or caregivers in order to promote the physical and mental health of the child. This may include holding courses and seminars in schools to increase the awareness of child abuse among children and parents.

Theme 3: Children's homes: After removing a child from his or her parents, the child is placed in the SPD shelter temporarily while a more permanent solution to the problem is sought. The SPD is a governmental agency responsible for developing welfare policies for children. Once the SPD has established that a child has been abused, it becomes necessary to remove the child from the family. SPD practitioners are required to inform the MSA, the Emirate and police about these children. Upon the directions of the Emirate, SPD specialists, escorted by police, go and remove the child from the family home. They then assess the child and refer him or her to a shelter. The SPD follows up each case in terms of psychological, social and health aspects.

Theme 4: The outcomes of the SPD: The processes for reviewing the cases of children taken into care in Riyadh occur through the follow-up after discharge from the SPD. However, approximately 90% of participants explained that there are no rehabilitation strategies in place to equip the children leaving care.

Theme 5: Professional training and programs: There was training available for workers in the SPD about the treatment programmes. However, nine out of the fifteen participants said that the professional training courses did not interest them.

These topics all worked well to be able to categorise into specific groupings, as the responses from participants were all found to be within these topics. It must be highlighted that there was a mix of participants, with some more knowledgeable than others. The more knowledgeable participants were the ones who displayed a better



understanding of the questions that were asked, and provided more detailed responses. Some of the participants did not know the benefits of training that would allow them to work more effectively with abused cases. Others had become used to working on their own initiative, without giving thought to systematic ways of responding that training would develop.

#### **4.7.2 Data Collection Process of Phase Two (main phase) (January – March, 2015).**

The main data collection process for eliciting information from participants in this study was carried out through three data collection methods: face-to-face interview, written responses<sup>17</sup> and a survey. Although the study adopted mainly qualitative methods, some data was collected through a survey of social work students. Data were collected in January, 2015 from KSA following ethical approval from IASR and KSA.

##### **4.7.2.1 Face-to-face interviews**

Interviews have been described by Hatch (2002) as a method to explore the views, experiences, beliefs and motivations of individuals on specific matters. An interview guide was used as a research instrument for this study to ensure that the response from the interviews would meet the research objectives. Interviews were conducted in order to obtain information about the participants' perceptions and opinions regarding practices, policies and professional child protection training programmes followed in KSA for responding to child abuse, and to understand how the training programmes have influenced them in enhancing their professional responses to child abuse in KSA. Furthermore, such interviews helped in understanding the phenomena in detailed form with respect to each participant's opinion.

Interviews were conducted with 41 child protection social workers and psychologists for obtaining data related to understanding their opinions and experiences about the effectiveness of the child protection training programs provided to professionals. It was necessary to find out how their perceptions of training experiences affected their practices, in order to enhance and increase responses to child abuse cases effectively.

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<sup>17</sup> Written response to the interview guide questions.

Before the interviews took place, the managers and secretaries of the organisation were contacted to inform them of my research and the purpose of my being there. The information sheets were then distributed to the managers and they were asked for their help in sending out to practitioners to find out who would be interested in participating in the study. In response information was conveyed to the researcher of contact from potential participants. The focus was on establishing a relationship between the researcher and the participants for the purpose of establishing a conversational rapport. The criteria for establishing a conversational rapport included explaining the purpose of conducting the interview and brief information about the research (Rubin and Rubin, 2005).

At the beginning of the interview, the interviewee was thanked for agreeing to participate and they were then given an informed consent form to read, review and understand before signing. Some of the participants had received the information sheets and consent forms by email, prior to the interviews, and they signed them and returned them during the interview. Interestingly, some participants were reluctant to sign the consent forms, as they were not sure what exactly they would be used for. This can be attributed to the lack of understanding of the research process in KSA, particularly for social research. Eventually, an understanding based on mutual respect with a trusting and non-threatening relationship was established with all the participants individually. By returning the signed informed consent, the participants indicated their agreement for participating in the study. Furthermore, the participants were also asked about whether or not they were interested in getting a copy of results of the study. Participants were assured of the confidentiality of their personal information and for their responses, which would be anonymised.

Another concern that was identified was that the interviewees were often very conscious of the timing of the interviews and some of them expressed the desire to keep the discussions short. This was surprising, as the information sheets clearly stated that the interviews were scheduled to last for about an hour. Despite this concern, most of the interviews lasted between 45 minutes to an hour, as the participants who understood the purpose of the study were happy to provide detailed information.

Any possible anxious behaviour from participants was prepared for, and the researcher explained that their privacy and confidentiality would be kept as a high priority. The time and place of the interviews were convenient for the interviewees and this added to establishing a relationship between the researcher and the participants (Rubin and Rubin 2005).

The interview questions were based on initial findings from preliminary interviews. Each interview started with an introduction and brief chat in order to establish rapport between interviewer and interviewee, and this also set a comfortable tone for the flow of the interviews. These questions were to encourage conversation and were mainly demographic questions, such as workplace and age. Interest in the organisation and their role was then shown in a friendly, relaxed way that ensured the interview started on a positive note. All interviews conducted in person were based on one to one interaction and were conducted solely by the researcher. The participants were also asked to share if they had any questions regarding the study. The interviews were conducted and lasted between 45 minutes and an hour and a half. The written notes were transcribed on the interview guides throughout the interviews, which included observing the interactions made by the participants in one-to-one interviews. The guides were followed but the researcher was careful not to repeat any questions that had already been answered in a previous response. During the interview everything the participant said was listened to very carefully and particular responses provided by the participants were noted, and sometimes their responses were repeated back to them to clarify what had been said. Finally the participants were asked if they had anything further to add, and they were given the opportunity to receive the final results of the study, if they were interested.

During the interviews the researcher was successful in establishing a good rapport with the practitioners, professionals and educators as she made a positive connection with them. This was helped by her having a background knowledge and understanding of the social work context. By giving out their email addresses and telephone numbers, there was evidence that there was a connection and that they were happy to meet the researcher and be interviewed. Another positive sign of the success of this was that the majority of participants expressed the hope that the researcher would be working with them in their organisation upon her return to KSA. Although

some may have originally been reluctant to be interviewed, once they met the researcher they showed interest in the project and were happy to participate. This shows that they wanted their stories to be told, that they felt they could help to improve the system.

All the interviews were transcribed from Arabic to English by the researcher by listening to the audio- recording and writing up the interviewees' responses in the Arabic language and then translated to English. The interviewees had agreed to being recorded, although a few of them were initially reluctant as they did not feel comfortable about being audio-recorded. However, they were reassured that the recordings were for the benefit of the researcher and that all the information would remain confidential. The responses were then checked by an independent translator from the Academic Translation Office, which certifies translations, to ensure that the Arabic texts were accurately translated into the English language. The translators are professional and adhere to a code of practice, which ensures they keep confidential any papers translated by them and they signed a non-disclosure agreement.

#### ***4.7.2.2 Written Responses***

The main purpose of the written responses is to gain information from respondents. In this study an interview guide was compiled for interviewing face to face, but some of the participants were reluctant to be interviewed in this way. Some of the reluctance was due to time constraints, whereas others did not like the idea of being interviewed, as it was unfamiliar to them. Consequently, written responses questions were formulated using questions similar to those in the interview guide. There were, however, extra boxes added so that respondents had the opportunity of adding their own comments.

There were four groups that had to be taken into consideration when designing the interview guide questions and each group had specific sections. For instance, the following sections were related to the particular respondents:

- Educators: Background information, education programmes and summing up.
- Practitioners: Background information, child protection practices, training programmes and structure and processes of current professional training

programmes in child protection practice to respond to child abuse and summing up.

- Social Work Students: Background information, university courses and future training programmes.
- Training Providers: Background information, training provision and summing up.

The written responses to interview questions were used to ensure that the response would be relevant to the research objectives, and to ensure the respondents would be able to clearly understand them and answer them accordingly. Also, the questions were phrased in a way that would allow respondents to provide detailed answers, rather than simple 'Yes' or 'No' answers. However, in practice, some participants were still reluctant to provide detailed answers to the questions, and often had to be persuaded to add more information to their initial responses. There were no concerns raised by participants. From the information gained from interviews in phase two of this study, the researcher was able to clarify some of the questions by providing examples. Consequently the initial interviews helped to formulate the semi-structured written responses in a way that was unambiguous and easy to comprehend.

#### **4.7.2.3        *Surveys***

Not all of the trainees were available for face-to-face interviews, nor would it have been possible to conduct such interviews with the numbers I set out to survey. The initial agreement had been to carry out interviews with some of Social Work students, and following weak responses from the 41 trainees from the three universities in Riyadh, who opted for written responses to the interview questions, I decided to carry out a survey instead.

Notwithstanding this limitation, the surveys were administered to participants with the help of the class presenter or sponsors who were the gatekeepers to the participants. These gatekeepers helped by handing out the surveys and then collecting the responses when they were ready. Also, via the gatekeepers, the surveys were sent as an attachment to the participants' emails with information sheet and consent form. This allowed for easier written responses from the respondents. From the response rate of the 362 surveys administered, 152 surveys were received from trainees,

making a completion rate of 42%.

The design of the survey was exploratory<sup>18</sup> and the purpose for using this method was to achieve the following, in line with the objectives of the main phase of the study:

- Identify the nature and the content of existing training programmes in relation to child protection for social work students in social work colleges in Riyadh, KSA.
- Investigate what kinds of information, knowledge and skills students feel they need to have to effectively guide them to respond to child abuse in the future as qualified practitioners.
- Explore the perceptions, understanding and experiences of social work students in relation to child protection practices.

## 4.8 The Sample

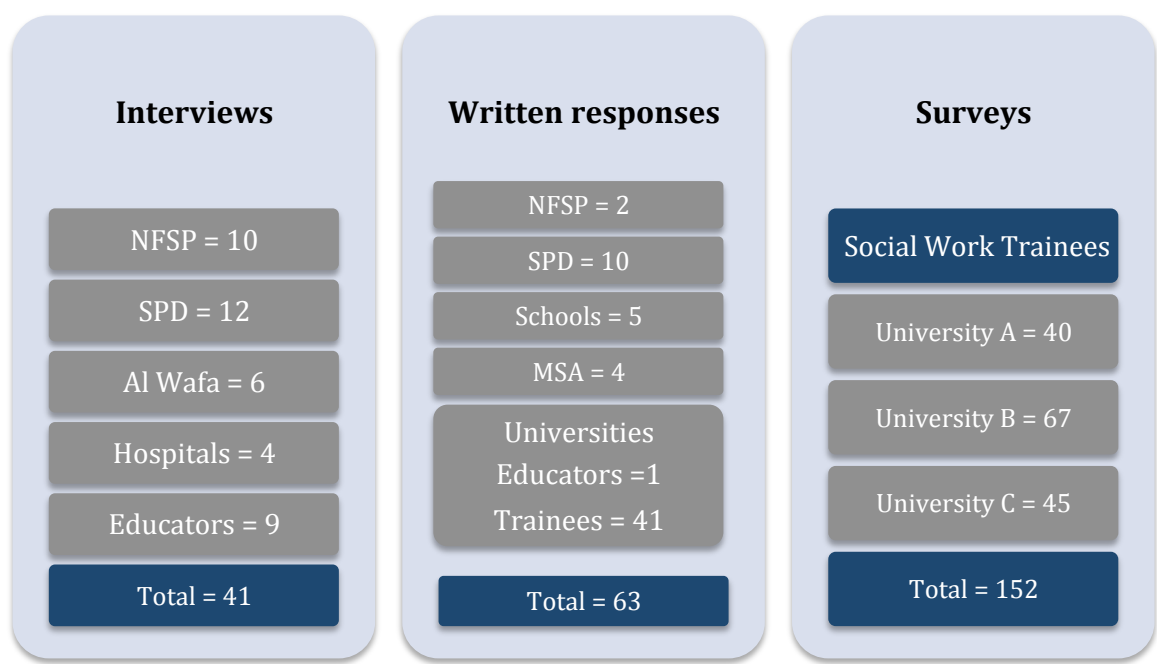
*Table 4.2 Total research sample by type of participant*

	Training providers	Psychologists	Social workers	Educators	Trainees	Others	TOTAL
<b>NFSP</b>	8	1	2			1 <sup>19</sup>	12
<b>Hospitals</b>	1		3				4
<b>MSA</b>	4						4
<b>SPD</b>	1	6	15				22
<b>AWA</b>		3	3				6
<b>Schools</b>			5				5
<b>University A</b>				5	58		63
<b>University B</b>				3	70		73
<b>University C</b>				2	65		67
<b>TOTAL</b>	14	10	28	10	193	1	256

<sup>18</sup> See Appendix C

The sample used for this study came from practitioners and training providers from governmental and non-governmental social institutions in the KSA. These were the SPD, MSA, NFSP, AWA, hospital and schools. Educators and social work students were from the academic institutions of (PNU), (KSU) and (IMU). The total sample was 256 (see Table 4.2), with seven of these being male and all the others being female. In the universities the female Colleges of Social Work were selected, as cultural sensitivities meant that a female researcher could not gain access to male colleges and would not able to interview males. This was not a significant barrier to this study since the majority of workers in the area of child protection in Riyadh are predominantly female. It may be that male social workers would have different views and experiences from female social workers but they are very much in the minority in this field and it would be more difficult to reconcile their views with those of the majority of workers. I, as a female, may not have had direct access to the male social work universities, but as mentioned, this was not a barrier to carrying out this study within the field of child protection. Although there may be a gender divide in KSA, this does not mean that women’s careers are curtailed as there are indeed many women in management roles in the country.

**Table 4. 3 Total research sample by used research method**



<sup>19</sup> Visiting Family Violence Specialist from University of United States.

Of the interviews conducted face to face, there were 41 in total, comprising 10 training providers from NFSP, SPD and hospital and 22 practitioners from NFSP, AWA, SPD and Hospitals, and 9 educators from the universities. There were 63 completed responses from the written responses to the interview guide questions, comprising 1 educator, 5 social workers in schools, 4 Training Providers from MSA, 2 practitioners from NFSP, 10 practitioners from SPD, and 41 social work students (trainees) 18 of whom came from University A, 20 from University C and 3 from University B. The survey was used for a total of 152 social work students and was created following the initial responses from the trainees. Table 4.2 and Table 4.3 shows the sample size of those who were interviewed.

The purpose of this study was to analyse the professional child protection training programmes in KSA and thereby enhance the practices and policies in KSA to respond effectively to child abuse. The sample of 256 individuals included those working in services with a child protection remit and staff from the social work colleges and the NFSP in Riyadh, KSA and this ensured that a wide range of agencies were represented. One of the NFSP's goals and scope of work is training staff members of their associates to deal appropriately and effectively with cases of domestic violence and child abuse (NFSP website). While there is no absolute rule for the number of participants in a qualitative research study, it is suggested that qualitative studies should generally include between 20 – 30 interviews, and single case studies should generally contain 15-30 interviews (Bryan, et al. (2013).

However, this study has benefited from a larger number across different agencies. Table 4.4 shows the roles of the participants within these agencies and demonstrates the broad range of the sample.



**Table 4.4 Roles of participants**

<b>SPD</b>	<b>MSA</b>	<b>AWA</b>	<b>Social Work Colleges</b>	<b>NFSP</b>
Care providers are:  - Managers -Social Workers - Psychologists - Social Researchers	Training providers are:  - Managers -Psychologists - Social workers	Care providers are:  Managers Psychologists - Social workers	Training providers are:  - Educators (lecturers, professors). - Students trainees who are become practitioners in the future.	Training Providers are:  - Managers Psychologists - Social workers

The sample was chosen as the agencies are the important institutions in KSA dealing with child protection and the roles of those working in this field covers a good range of those with responsibilities for responding to child abuse cases. They therefore have a lot of experience and they were selected on the basis that their perceptions would better inform this study and help in exploring any issues or challenges identified. There were three other organisations that have not been represented in this study, mainly because their role in child protection was not properly recognised by the researcher prior to this study being conducted. They include the National Society for Human Rights, UNICEF and the United Nations Development Programme, which are all involved to some extent in protecting children from violence.

## **4.9 Data Analysis**

The two phases of the study used the same form of data analysis, that of thematic analysis. This is a method which involves identifying patterns or themes in the data and it means that the data can be broken down into specific areas of interest. This allows the data to be organised into sections that can be explained and made sense of, as it enables the detail to be described (Martyn, 2010). There are ways of using thematic analysis by opting for one specific theme and providing a more nuanced description within that (Braun and Clarke, 2006), but in this study several themes were identified.

In this study, thematic analysis involved a six-step process:

1. **Becoming familiar with the data:** This involved the researcher in reading and re-reading all the responses until she could become familiar with all the different responses.
2. **Coding:** All the data needed to be coded to try and identify anything that could be useful in answering the research questions.
3. **Identifying themes:** The data was then broken down into patterns which were emerging and all the data were provisionally placed into specific themes that seemed to be shown in the responses.
4. **Reviewing themes:** The provisional themes were checked to ensure that they were relevant to the research questions.
5. **Defining and naming themes:** This involved analysing the themes and putting a name to them.
6. **Writing up:** Finally the themes needed to be described in a narrative form and put into the context of the study.

Each of these steps led one to another but there were also occasions when the researcher had to go backwards and look again at the proposed themes in order to check that they were relevant to the study and that important information in the responses had not been missed.

Qualitative analysis was carried out using the software package NVIVO and following the thematic analysis steps. As the coding progressed (see Table 4.5), the perceptions of the existing child protection training programs, the challenges in accessing these programmes and the professionals' perspectives on their needs for improving the quality of the professional child protection training programmes and responding to child abuse in the KSA began to be identified.

***Table 4.5 Coding example***

Open code	Properties	Examples of participant's word
Child protection practitioner's role to respond to child abuse in KSA?	Conducting interviews Family awareness Home visits Observation	"Interviewing the transferred patients from management of the family and society clinics" "Conducting awareness sessions for families" "make home visits to follow up cases" "observation of child behaviour during interviews in the play room"

This was easier in the beginning when the themes were more general, but became progressively more difficult as there was an attempt to delve deeper and identify the key themes. General themes emerged, such as needing extensive training programmes, but these did not provide enough information for analysis. The researcher decided to locate the dominant themes among the general themes in order to support her findings. These resulted in themes such as ‘satisfaction’ and ‘challenges’. Coding means that the researcher gives labels to different segments of data that demonstrates what type of data each segment includes. Coding helped in sorting through the data for identifying these emerging themes, and the researcher was able to use thematic analysis as the themes could be categorised and more easily identified. I labelled all the sample groups and gave them numbers according to their role; social workers from 1 – 28, psychologists 1 – 10, training providers 1 – 14, and educators 1 – 10. In this way I was able to identify the responses from specific roles, as well as categorising the themes.

During the interviews, notes were made and these were also later transcribed and coded. This helped me in getting fully involved in the data and there was constant defining and re-defining of the data and the direction of the research by probing questions in order to obtain relevant responses, thus remaining true to the experiences shared by the participants. Aronson (1995) recommended this form of analysis, by highlighting that studying the data prompts the researcher to learn nuances of the research participants’ language and meanings. By studying the interview transcriptions, closer attention could be paid to the participants’ and respondents’ views and feelings. This was especially useful for the initial interviews which helped define the scope of the enquiry.

In addition, data from the surveys were translated into numerical codes by the researcher and the data analysis was done by using SPSS (version 21) computer programme. The descriptive analysis, presentation and discussion of the findings of these data will be presented in chapter 7. It should be acknowledged that descriptive analysis can be subjective (Murphy, nd). The survey items are predetermined and the researcher may ignore data that is not meeting the study’s purposes (Murphy, nd). For instance, there was a section within the survey for this study that required detailed responses to certain questions, which some participants failed to adequately respond

to. In those instances, the decision was made not to include the responses that were not relevant to the research question.

#### **4.10 Translation Process**

Translation of questionnaires is the most frequently chosen route to implementing 'equivalent' instruments in cross-national and cross-lingual survey research (Harkness and Glusberg, 1998). Temple and Young (2004) explored three questions, the practical questions about who does the translation, how much of the analysis the translator gets involved in and when the language changes from that of the participants to written English are also grounded in theoretical and epistemological/ontological issues. It has been argued that these practical decisions have consequences for how our research is produced and received. There is no one way to engage with people who speak languages other than English (Temple and Young, 2004). Yet both translation and interpretation are similar processes and common across all forms of research, especially in qualitative research. Even when the research is conducted in a monolingual environment, the meaning of questions may mean different things to different people. Therefore, language translation may simply be an extension of this process, where meanings need to be checked as to whether the recipient is getting the right message.

Collecting data in one language and presenting the findings in another involves researchers taking translation-related decisions that have a direct impact on the validity of the research and its report (Birbili, 2000). Therefore, two approaches were followed to validate the translated all the researcher tools. Firstly, linguistic validity was considered. The equivalence of concepts in the interview guide was investigated through translating the questions from English to Arabic language through a professional service for translating documents and afterwards, it was sent for proofreading to two Arab native speakers who both have proficiency in English. Following this, the questions were re-sent it to the same company that originally worked on it for translation back to English or Arabic, to ensure that the original meaning of the sentences had been captured, and had been accurately presented in the document. Secondly, cultural validity was checked, where the concepts were mapped to the target culture (e.g. for appropriateness of wording, potential misinterpretation due to different ways of thinking, etc.). More explanations were then added to the

questions as examples. In one case, for instance, participants reported that some questions were requiring the same answers, and each question had to be explained in order for them to recognise the difference. These questions were: *What is your understanding of your organisation's policy in responding to child abuse? What is your organisation's role in responding to child abuse? And Within your organization, what is your role in responding to child abuse?*

Generally, the translation process worked well and there were no serious issues in interpretation, once more specific details were explained as to what was required.

#### **4.11 Ethical Considerations**

For this study the researcher was interviewing and gaining access to confidential information from the participants, therefore she had to ensure that these participants were protected. To begin the process, ethical approval was initially gained from the University of Bedfordshire. This required full details of the study, its aims and intended sample to be provided, and the researcher had to show how she would gain informed consent from any participants. The research was to be conducted in line with the ethics framework of the Sociological Research Association (SRA, 2003), and offer individuals anonymity and confidentiality (with the exception of disclosures of bad practice or significant harm). Data was to be stored securely and separately from participants' personal data and destroyed once the study, and any publications arising from it, was completed. The researcher had to satisfy an ethics committee in the UK that she could comply with these guidelines. Safeguards were in place for transfer, transcription and translation of data, which were stored on password protected computers and where details of the participants were not kept with the content of their responses.

There was then the permission the researcher had to obtain from the Saudi authorities for gaining access to their employees. With regard to the MSA, which is acting as the main governmental gatekeeper in KSA, the NFSP and the Social Work Colleges, an approval letter was acquired from them, which gave access to participants (Mochmann and Müller, 1979; Alexander and Solomon, 2006). The process required providing an ID, the proposal and its objectives, written approval from the university ethics committee in order to clarify my motives and then the researcher had to obtain

informed permission from the local authorities and gatekeepers in KSA to proceed. Once they approved the original papers, then the researcher was able to meet the directors of these agencies, and they introduced her to the people with whom she needed to make contact.

The recording of interviews was a major issue in the first phase, as the MSA did not allow this during the preliminary interviews. Permission from MSA was received to take notes of the interviews and the participants asked to fill out an interview guide by themselves and all these were later translated. However, in the second phase (main phase), the researcher sent another letter to the MSA to explain the purpose of doing the interview at this stage and to clarify that contrary to their perceptions of the research, the situation was not sensitive, as children were not going to be interviewed. The MSA was more flexible and gave permission to record the interviews after explanation of the situation and understanding the purpose of doing the interviews.

Sensitive issues were being discussed and the researcher ensured that no harm would be caused to participants. These sensitive issues included discussions of case histories of child abuse. All participants were told that their identity would not be disclosed and that all information given would be kept secure. It was also important to ensure that there was no pressure to participate in the research (Willig and Stainton-Rogers, 2007). All the respondents willingly participated in the study (King and Horrocks, 2010), and informed consent was gained, while they were also told that they could withdraw from the research at any time and any information they had given would be destroyed. It is worth noting that none of the participants withdrew from the study. The researcher ensured that she did not influence any of the participants' responses or asks questions that would lead the respondents towards desired responses.

All ethical approval processes were undertaken for the UK, even though the research took place in KSA. Approval for research involving social welfare services is normally sought also from the Association of Directors of Children's Services (ADCS) in the UK, but this is not ethical approval; rather it is a decision on whether the research is worth doing. This decision has an impact on whether a researcher is permitted to proceed with any project; in addition the local authority normally takes responsibility for the project; in this way the participants are fully protected.

Research undertaken by universities must also undergo this process of approval and this ensures that the research identity within social work involving children is not compromised. It is an extra protective layer between the interests of research and the interests of the participants.

Social work in KSA is still evolving and the question of ethics related to this remains a work in progress. One of the reasons for the lack of an ethical code for social work in KSA is that there is little collaboration with other countries and consequently there is little cross-referencing on codes of ethics which may be relevant. Furthermore, there is currently no professional association for social workers in KSA and this means that there is no organisation that can take the lead on ethics development. However, the concept of professional ethics is not unknown in KSA as more established professions, such as medicine, do have ethical codes. As social work becomes more established, it is anticipated that a code of ethics will be developed to meet the specific needs of KSA (Albrithen and Briskman, 2015).

For reference of future researchers in this field, it is very important to keep everyone informed at an early stage and to give very clear indications of exactly what may be required during the process of data collection. It is also essential to ensure that all permissions are sought throughout every level of the hierarchal organisation, starting at government level and down through to the potential participants; the gatekeepers are significant in this process and time needs to be spent with them so that they know exactly what is involved and have a full understanding of the project and how they can support it.

## **4.12 Study Challenges**

### **4.12.1 Carrying out a survey**

A survey for trainees from the Social Work Colleges was created, based on the written responses by the initial 41 trainees. However, there were some difficulties encountered in now having to adapt the questionnaire unexpectedly. For instance, due to insufficient time available for drawing up the survey, and then not being able to pilot it, some questions were not specific enough and the responses received were not as in-depth as would have been ideal to ensure a higher quality of data. It is possible

that more detail could have been elicited if the questions were more direct, although the general findings would not have been affected. However, it was not possible to return to collect more data from students, given the arrangements made for fieldwork had all been carefully planned in advance and could not be adjusted due to academic timetables. This was a learning experience.

#### **4.12.2 Access**

There was difficulty in accessing the documents and carry out research online as there was a lack of research in the area of child protection in KSA and a lack of information about child protection in KSA online. There is also a lack of information about what kind of programmes, workshops and lectures the child protection agencies have delivered. In addition, there is no indication of training programmes for improving practitioners' skills and teaching best practice advertised. It is hard also to access child abuse cases statistics from the SPD as it is a governmental agency and governmental agencies are not as flexible as non-governmental agencies in KSA. This presents a significant dilemma for researchers in KSA, and the solution to this could be lobbying the governmental agencies to commission relevant research and to ensure that they provide the necessary access to the data required. The UK government publishes the statistics for children's social care, and this ensure that this data is available to researchers<sup>20</sup>. This could be adopted by the KSA government to facilitate research into the issue of child protection.

#### **4.12.3 Participants' understanding of the research process**

Participants were being asked to undergo a process that was new to them and they did not know what to expect. This is because social research in KSA is still developing. Although there may have been some reluctance to get involved initially, as the research process was unfamiliar to them, once they had a clearer understanding of the purpose and process of the research, participants entered this new world of knowledge enthusiastically. They were then eager to provide their views and opinions. Many of these participants had never previously been encouraged to discuss their values and what was or was not important to them in terms of their work role. They were

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<sup>20</sup> See: <https://www.gov.uk/government/statistics/childrens-social-care-in-england-2015>



consequently encouraged to think about new ways of doing things and their role in bringing about this change.

#### **4.12.4 Translating the interview guides questions and the survey**

There were some limitations to the translation from English to Arabic as it was translated into the classical and formal Arabic language, which is not the recognised Arabic dialect used in KSA. Therefore, some of the questions had to be explained orally, and examples given to the students, training providers, practitioners and educators. Classical Arabic has been used in the Quran, which is why it has been preserved, and it is an important part of Arab culture. However, the language has evolved and now includes 12 dialects spoken in 28 countries around the world. Whilst all the 200 million people who speak Arabic as a first language recognise the purity of classical Arabic, most have little experience of using it.

#### **4.13 Summary**

This chapter has described the methodology and methods used in this study. It has explained the approaches taken and justified these and has provided a description of the participants and respondents. Furthermore, it has explained the objectives of the study and shown how the methods used were to be able to answer the objectives. The process of carrying out this study has provided a better understanding of the complexities of fieldwork in an emerging research area, and the importance of a pragmatic approach to the research. This is evidenced by the following points:

- Access to existing data and information was difficult and this was as a result of the bureaucracy involved in the governmental and social agencies in KSA.
- The few instances where practitioners were reluctant to engage in the process also showed a lack of awareness of the processes of social research, especially in a highly sensitive area of child abuse in KSA.
- There was also a learning experience in the process involved in developing the research instruments. For example, because the survey was not piloted, it was found to exclude potentially beneficial data, such as models and confidence levels, which could have added more depth to the findings.

- Time constraints were also a key element in carrying out this study. It was initially anticipated that the key elements of the ToC would be applied to the study but this was not possible due to limited time.

The remainder of the thesis present the findings of the study and recommendations arising. The next chapters give the findings from the interviews related to the perceptions of the practitioners, training providers, educators and trainees on child protection practice and education in KSA.

# Chapter 5 Perceptions of Practitioners on New Legal Requirements relating to Child Protection in KSA

## 5.1 Introduction

The previous chapter described the methods used for seeking to answer the research question ‘How can the quality of professional training for child protection practitioners be improved to enhance practitioner responses to child abuse?’ This chapter presents the findings from face to face interviews with 22 practitioners, which were carried out to meet the research objective of investigating the information and knowledge practitioners need to effectively respond to child abuse. Practitioners were involved in work roles such as psychologists, sociologists, psychiatrists, health specialists, and social workers (see Table 5.1). Most participants’ highest qualification was a Bachelor degree, two had Master’s degrees and one had a PhD. Interviews were conducted to examine the policies of the institutions involved in child protection, investigate the training programmes being offered, and explore the experiences of practitioners.

*Table 5.1 Job Titles of practitioners*

Job Title	Number of Practitioners
Social worker	10
Psychologist/ Clinical psychiatrist	11
Supervisor child support line	3
Director	2
Social researcher <sup>21</sup>	7
Senior clinical social worker	2
Sociologist	4
<b>TOTAL</b>	<b>39</b>

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<sup>21</sup> Social researcher: A social researcher title refers to an individual doing a traditional Bachelor’s degree, and then topping up with a Master’s qualification in social work. It is also a job title for newly qualified social workers starting their work in SPD.

From this table, we can see the different job titles held by the practitioners. It is important to note that apart from the psychologists and clinical psychiatrists, all the other practitioners listed above work as social workers. This is regardless of their professional job titles. Therefore, the title of social worker used in this report includes the different practitioners listed. In addition to the interviews, the written responses from a further 17 practitioners were taken into account (see Table 5.2).

**Table 5.2 Summary of data collection from practitioners**

	<b>Interviews face to face</b>	<b>Written responses</b>	<b>TOTAL</b>
<b>Child protection practitioners from NFSP, SPD &amp; AWA.</b>	<b>19</b>	<b>12</b>	<b>31</b>
<b>Social workers in schools</b>		<b>5</b>	<b>5</b>
<b>Social workers in hospitals</b>	<b>3</b>		<b>3</b>
<b>TOTAL</b>	<b>22</b>	<b>17</b>	<b>39</b>

The table above shows the total number of practitioners, the differences between the participants, and the various ways the data was collected. This highlights the variety of skills possessed by the professionals in responding to child abuse from different contexts.

In this chapter the perceptions from practitioners in child protection in KSA are presented, and they identify the challenges they face in meeting the legal requirements for protecting children. The chapter then discusses family violence and cultural barriers, improving skills and lack of experience in an analysis and interpretation of their responses. It explores themes covering the practical application of the protection new law<sup>22</sup>, the services offered and issues involved in implementing them, awareness dealing with cases of abuse, and developments in raising KSA's standards in child protection. Within this context, the chapter identifies practitioners' evaluations of their own skills in dealing with these challenges. The challenges were categorized into eight specific areas: identification of child abuse, the reporting and follow-up, safe houses, interventions, raising awareness, causes of abuse, the new protection laws,

<sup>22</sup> The 2013 legislation was in effect during fieldwork and it was considered a new law in KSA that time before issuing the 2015 legislation.

and court procedures. All of these allowed the full process of child protection to be evaluated.

## **5.2 Identifying Child Abuse**

### **5.2.1 Skills**

Whilst the status of social workers is increased by the new legislation, this is not always underpinned by the knowledge and skills required for the job. Thirty-three (85%) social workers and psychologists dealing with referrals expressed concern about the training received for carrying out the initial interviews with abused children. They felt they did not have sufficient training or adequate skills to do it. In particular they noted that they needed to be able to gain the confidence of the child and encourage him to talk, but this was a skill they often lacked. Respondents also felt it was important that their interviewing skills were at a standard that could give confidence in their assessments. Along with report writing, such communication skills needed to be improved, according to many practitioners.

These skills may not always be adequate for the tasks expected of them, as one respondent noted their lack of practical skills such as observation, registering cases and writing reports, as well as the skill of participation. This lack of practical skills in social workers may have an impact on some of the cases they deal with.

### **5.2.2 Perception and understanding of identifying child abuse**

The potential risk of not having an accurate diagnosis was identified by one respondent, who expressed her concerns.

“We are not making the correct decisions and identifying the appropriate solutions to protect the child against violence. For example, I have a child who was living in a family, who was physically abused. This child was not particularly affected, and if he is treated and rehabilitated, he will be better than his family. However, unfortunately the SPD transferred the child to the centre for intensive mental disabilities which really affected me because we had the chance to deal with this child better than that” (*Social worker 7<sup>23</sup>*).

From the social worker’s perception, this child was not being treated in accordance with the UNCRC’s best interests of the child, which she considered to be a lost opportunity for rehabilitation, rather than being confined to a mental hospital.

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<sup>23</sup> Institutions cannot be identified due to the confidentiality agreement.

There are still some areas where the processes do not reach far enough. For example, the deterrents may not be strong enough to prevent re-offending. The institutions dealing with child protection have to make judgments on the level of protection needed according to the abuse which has taken place. As ten (25%) social workers and psychologists from NFSP explained, they provide consultation and receive calls, which they have to report in terms of degree of risk. Children are examined by doctors and again the level of abuse is assessed. The doctor will diagnose the patient from a medical, social and psychological perspective to determine whether the patient is suffering from psychological and/or social pressures.

Often it is medical staff in hospitals who detect symptoms of abuse and there is a process for dealing with this.

“When there is a suspicion that a child has been subjected to violence, we immediately present this child to a committee within the hospital, which consists of a doctor, social worker and psychologist, as well as the doctor who discovered the case. After ascertaining whether violence has actually occurred, the director of the committee will then start to distribute the tasks to the committee members to follow up the case”(Social worker, hospital).

If it is decided that the abuse is limited, and is not physical or sexual, then the doctor immediately notifies the parents and obtains pledges from them not to repeat the abuse. These pledges are written documents which the abuser must sign. If the abuse is repeated, an official procedure is set in motion and the case is transferred to the SPD to do what they deem necessary.

### **5.3 Reporting and Follow-Up Processes**

The 2013 law now also makes teachers responsible for reporting violence, which may be why there are more cases being reported. This indicates that there are more opportunities for collaboration between agencies, and that more are involved in taking on responsibilities for protecting children from domestic violence. The UK provides a useful reference point in respect to inter-agency cooperation (Stalker and McArthur, 2013) shows how the shared responsibilities of child protection can be used as a model. Cases in KSA can still slip through the net when one agency has responsibility. One practitioner explains that if their clients do not answer calls and keep to their therapeutic programme, they are given a period of two months to

respond. If they have not responded by then, their file is closed. This would appear to be a lack of follow-up, which may not always be in the best interests of the abused child. The 1989 UN Convention on the Rights of the Child (UNCRC) states that “the best interests of the child must be a top priority in all decisions and actions that affect children” Article 3”. The child should be at the centre of any investigation, yet UNICEF (2009) suggests that the lack of information about family abuse, especially in developing countries, means that many incidents of violence are not reported or investigated and, consequently, few offenders are brought to justice. Thus, the lack of follow-up in some cases may lead to no further investigation, even though there has originally been a report of violence. Sixteen (41%) participants said those who keep missing appointment dates may not have a problem after all, or may be afraid of any solution. Unless further investigation is carried out, there will be no answer, and no real resolution of the initial problem.

This lack of follow-up by child protection practitioners may be due to availability and allocation of resources. There are indications that responsibilities are still limited in KSA and may benefit from a more inter-related, multi-agency approach, which does not appear to be working yet. As six (15%) psychologists and social workers said, their work in the child protection organisations<sup>24</sup>, is very limited. For example, one participant said she just deals with taking initial information from the child.

“I just deal with taking initial information from the child. I do not have any communication with the child’s relatives and hands the information over to the SPD, who then is responsible for finding an appropriate resolution.”  
(*Psychologist*).

There appears to then be a lack of communication with the SPD and with the social workers involved in the cases, so that checking on the progress of a particular case may be limited. There were reports of difficulty in communicating with the SPD and no direct line with them for following up the cases. It is possible that there may also be professional rivalries at work within an already challenging field of work, and some of these may be related to confidentiality. Psychologists and social workers each see their role in protecting children more important than the other’s role; in the UK

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<sup>24</sup> Institutions cannot be identified due to the confidentiality agreement.

there have been similar tensions, and it is likely such conflicts are common to many countries (Frost et al., 2005).

Fifteen (35%) social workers and psychologist said that practitioners in the SPD do not pass on any information about the procedures and actions they have taken with the cases transferred to them. The procedures appear to be in place for inter-agency cooperation. Practitioners record that they send a copy of initial reports to the SPD, which has responsibility for dealing with the case, and who should then keep them informed of any developments. However, from the practitioners' comments made earlier, this does not always seem to be happening. This may be due to lack of time or it could be a training issue, but it indicates that gaps may appear in the handling of child protection cases, despite the new legislation. This supports Al-Muhameed's (2009) review of children's legal rights in KSA, when he reported that failure to follow up and implement children's rights effectively was one of the main issues to address. This was six years ago and it still appears to be an issue, with little progress having been made.

"I have a case of four years' duration, which I still follow. Sometimes there are closed issues, and some need to be settled in a final way."  
(*Psychologist 3, SPD*)

"Following up any case exposed to violence and keeping up-to-date about her welfare" (*Social worker 27, SPD*)

"Following the procedures until the end of the situation" (*Social worker 16, School*).

Twenty-nine (72%) social workers and psychologists suggested that many of them do continue to follow cases after they have left the AWA usually by phone calls, to ensure the child is protected. A social worker from SPD reported that she was still following the progress of a child after four years. However, according to 28 (56%) practitioners, this may be carried out on the social worker's own initiative and not through the existing system. The protection laws were meant to provide more support for practitioners, but from the responses from the thirty-three (87%) social workers and psychologists, this may not be happening. There is no doubt that the social workers are fully aware of their responsibilities and take an interest in each case as one respondent describes how she communicates with the child continually and tries



to give her the feeling that her existence is important, taking an interest in her activities.

“Communicating with the case continually and trying to give her the feeling that her existence is important and also taking an interest in her activities” (*Social worker 8, SPD*).

Twenty-one (52%) practitioners stated that they follow up any case exposed to violence and keeps up-to-date about the child’s welfare. This suggests that sections of the child protection network are effective in their follow up procedures, although this may depend on the severity of the case, but also may depend on the personal initiative of the social workers involved.

#### **5.4 Safe Houses (AWA)**

Nevertheless, support for children in need of protection is strong among KSA social care professionals and it seems that the new child protection laws are being implemented as far as possible in a responsive and responsible manner. All respondents were asked about reports of abuse and it was clear from twenty (51%) practitioners that they started assessing the case immediately, making a decision on whether or not the police should be involved. Another eight (20%) participants described how children could call a support line and a consultant would be allocated, who would refer to the right authorities, especially if the degree of violence was at a dangerous level. The abused child is always put first and, when asked, they described how they go and take the child out of the home immediately and put him or her in a safe place. This raises the question about the rightness of this response. Also, fifteen (38%) respondents supported this by saying that the most important thing was to provide immediate protection and place the child in a safe place. This indicates that the child is the priority at the beginning of the child protection process, although, as mentioned earlier, there may not be the same focus when it comes to following up at a later stage.

The protection place for an abused child is normally a safe house run by AWA or the SPD. The houses operated by SPD are for interim assessment cases, where a child at risk may initially be placed. Children are not kept there for longer than one week as this may affect them emotionally. If the protection is needed for a longer period of

time, they are transferred to AWA safe houses, where mothers may also be placed. It is clear that children are now being removed from families if any kind of abuse appears to have taken place, and this is as a result of the protection laws. Many children are, however, placed with relatives rather than being put into safe houses.

“After issuing the new law in 2013, the SPD started to remove abused children from their families. For example, I myself worked on cases that entailed removing children who were being neglected as the mother was deceased and the father was always working nights and working long hours. The youngest girl was two years old and the eldest 11. This type of negligence is considered violence. So we had to take them from the school and give custody to relatives who are more capable of taking care of them. We then pay follow-up visits to ensure that they are settled. We also spoke with the father and convinced him of the severity of the situation” (*Social worker 9, SPD*).

Those working in the safe houses are aware of the role of SPD, and keep in close contact with them about all the cases referred by them. Twelve (31%) social workers and psychologists noted that there is communication between the safe houses and the SPD in terms of sending reports periodically to them about the children and about the status of each child’s case until that child leaves the institution. This indicates that reports are going to SPD from various agencies, but it does not mean that this is a two-way communication link, as there is no suggestion that the social workers in the safe houses get any information about the progress of the child once they leave these homes, according to thirty-one (79%) respondents. Over half (56%) participants described the role of the SPD as one which enables social workers to investigate cases, and protect children where violence may have occurred, but many other agencies are actively involved in the process, such as those taking a child away from the family, transferring to hospitals, or social care homes.

Once received in the safe houses, cases are observed but it is the SPD that determines what action to take. Supervisors in the homes monitor phone calls with the child’s family and there is a high level of protection offered by the institution. It was explained how some abuse victims (especially women) never leave the institution except for necessities, such as buying clothes and personal effects. Although the institution provides for their basic needs, including clothes and food, some refuse to wear the clothes provided so they are allowed to go out and buy some under

supervision. It is therefore important not to make the abused children feel they are at fault in any way, and not to treat them as prisoners within an institution. This is not always an easy task as respondents tell of how their role involves attempting to calm the children and helping them come to terms with their position. Even though they are there for a child's safety and protection, the safe houses do indeed tend to deal with victims of abuse but place the focus more on the women than the children. This is because the arrangement for children is short term, usually not longer than one week, as the SPD are against the idea of keeping the children in safe houses long term. It may therefore be the first time a child has been separated from his family. To have undergone violence and then to be placed in an unfamiliar environment is likely to be a frightening experience for any child, and it may be that this is when psychological support is most needed. The SPD makes the arrangements for psychologists, after referring to reports on the child, sent from the social workers at the safe house.

Removing children from families for their own protection is seen as important, especially in cases of ongoing violence. It was stated by fourteen (36%) of respondents that the power to remove a child was constituted by the SPD, following experiences and examples from European countries. There was, however, recognition that this was only according to the type and degree of violence perpetrated, and this was as stipulated by the 2013 law.

Yet it appears that not all child protection practitioners have been updated with the 2013 laws and procedures. Thirty-four (87%) social workers and psychologists explained that under the new system of protection, there is the power to remove children from their families, but they do not really understand the system well because they have previously used the police. There is still a lack of understanding on the part of some of the workers, who complain that some aspects of the work are not clear.

“We don't have any procedures or policies relating to this matter and we don't have specific mechanisms or strict punishments for the abusers” (*Social 24 worker, SPD*).

“There is a child protection law which is very good but not clear” (*Psychologist 6, NFSP*).

This indicates that more clarification is needed for social workers and psychologist to understand their roles and responsibilities.

There is also a suggestion that the law does not support some of the situations with which the practitioners are confronted in their daily work role, such as dealing with emotional abuse.

“There are no clear methods or guidance to use with specific kinds of abuse”  
(*Social worker 28, SPD*).

Child protection is relatively new in KSA, although this is a welcomed development, new situations will always occur and there will be occasion for the law to be reviewed and updated in the future according to requirements. Although removing a child from the family home may not always be the best solution, it is the SPD that makes this decision, based on the facts presented to them.

“There is lack of cooperation with us from some authorised agencies concerned with child protection.” (Social worker 19, School).

“There is no cooperation among the governmental organisations such as the police” (*Psychologist 7, SPD*).

Twenty-nine (74%) social workers complained of no cooperation from governmental organisations such as the police, difficulties with uncooperative teachers, the slowness of procedures, and the lack of powers of the institution where interviewees were working. Although there are processes for child protection, this indicates that in practice these may not always be working as planned. It appears, however, that once a child is identified as having been abused, has been admitted to a safe house, and is in the system, that the protection laws are working.

## **5.5 Interventions for Children Living Apart from their Families**

Within the children’s safe houses, a variety of services are offered. Mentioned regularly by respondents was rehabilitation, which is seen as a major part of the role of safe houses. Twenty-one (54%) social workers and psychologist explained that they used therapy programmes and the rehabilitation programmes to rehabilitate the child psychologically and socially. Further explanations of the work carried out

within the homes included therapeutic, psychological, social and medical interventions. It was stated that a therapeutic cooperative team works to gain the confidence of the abused children. With the help of games and toys, they try to encourage the child to talk through playing. Specific treatments were mentioned, such as drawing, plastic art therapy, and expressions through play.

The needs of the children often require specialist attention, which the safe houses do not have the expertise to provide. In some cases children need to be transferred to hospitals, or referred for psychiatric treatment. The workers were aware of their limitations and knew when to transfer children to the SPD, who had the power to apply the system for assisting abused children, or to specialist agencies, which ensured children's rights and helped to resolve their problems. These problems can be quite complex and involve more than the abused child.

“There must be standards for selecting the right people to deal with abused children. For example, a specialist in violence against children, who has a strong personality, and is assiduous in their work, will be able to take on the responsibility.” (*Social worker 26 NFSP*)

“We select practitioners depending on their skills as social workers, as well as their values and their years of experience in relevant cases.” (*Director 1, SPD*)

The selection of practitioners to deal with the cases of these abused children is paramount. All respondents were clear that there were specific skills needed, twenty-one (53%) social worker and psychologist suggested the practitioner should be a specialist in violence against children, someone who has a strong personality, is assiduous in their work, and can also withstand the responsibility. Another fourteen (36%) practitioners explained that they were selected on the basis of their skills as a social worker as well as their values and years of experience in dealing with relevant cases. These descriptions indicate that the role of social workers in these homes is not an easy task, and that practitioners must be strong enough to deal with the problems that may arise in such situations. It is also interesting that they acknowledge the responsibilities that come with this job, and believe that experience helps them to carry out their job.

Another four (10%) social workers from hospital further explained that the special committee in the hospital is called the Violence against Children Committee (VCC) and the director of the committee is a paediatrician who has experience in the military field. However, thirty (77%) practitioners reported that in some areas of KSA there are no such protection committees, and this leads to slow intervention and slow procedures.

Attached to the hospitals are what is known as Scan Teams, consisting of doctors and social workers. They are the ones who receive urgent cases at the hospital, they supervise these cases and write reports and recommendations, which are then sent to the MSA and the SPD. Their remit is to deal with children only, not with their mothers. Abused mothers and children are transferred by the SPD to refuges. Mothers with children are sent to the AWA refuge centre where they apply behavioural programmes and transfer them to the hospital if necessary. The procedures within these refuge shelters are explained:

“We also have a residential centre for social workers who work two shifts morning and evening, and for psychologists who work one shift in the morning, as well as one supervisor from 4–10pm, and an observer from 7–10am. We work 24 hours to protect the cases that exist here. We try to not keep the case here for more than one week and we try to resolve her problem as quickly as possible so as to minimise the impact on the woman and her child who is in school. Should the procedures take a long time, we find a school nearby to the sheltering house. Treating the case quickly facilitates responsiveness and cooperation from the cases. The association is divided into three departments: the first is for families with children of up to 10 years of age. The second is for families with their children of up to 18 years of age, and the third department is under construction and will be for boys without their families” (*Social worker 26, AWA*).

Most of the cases dealt with by the hospitals are abused girls aged 14 to 16 years old. Nine (23%) practitioners explained that there are more abused females than there are abused males, and the abuse directed at females tends to be elaborated and planned. This abuse may be sexual exploitation, where a child is forced to carry out an act by a person who has power over them, and it will continue until the person responsible for the abuse can be stopped. For the males, the abuse tends to be random and not repeated and in most cases the child does not express any emotion or talk about his problem. This requires specialist skills and there were comments that more training

was needed for the social workers dealing with this. Thirty-seven (95%) social workers and psychologists noted that they did not have enough training courses to prepare them with the skills to work with the children. Also, they noted that dealing with a child could be very difficult, especially in answering questions, because the child was always secretive and it took a lot of effort to get any information from them. The frustrations of not being able to deal with the problem effectively are seen in the interviewees' responses, where they complain of it taking a very long time to make the child talk about the abuse and having difficulties with the children's responses. They described how they take it upon themselves to try and elicit information from children whose behaviour has been influenced by the abuse they have suffered.

“So what we do with the child is a personal diligence as we don't have a professional and systematic method to apply with abused children. So, we try to apply some methods to encourage the child to talk such as using drawings or stories. For instance, most of the children have worries and fears and some behaviours that need modification such as stubbornness. For example, we had a sexually abused child who stayed for only three days in the SPD and then left. We deal with this by administering a programme that includes rewarding them if they show good conduct.” (*Psychologist 9, SPD*).

Referrals and transfers are common, and are part of the services offered by the social workers. Practitioners spoke of transferring abused patients to SPDs, booking into hospitals, referring cases with psychological disorders to consultant clinics, transferring to mental health centres, and identifying the best location for children. Initial diagnoses are important in making the right decision. Thirty-two (82%) social workers and psychologists explained that they transfer children when required to the consultant psychiatric clinics. For example, if they have symptoms such as nocturnal enuresis and nail-biting this suggests that they are suffering from anxiety, high stress levels and depression, and these symptoms indicate that psychological support is required. Every case is considered on its own merits and efforts made to find a suitable solution. Practitioners explained that they discuss all possible solutions for each case until they reach an appropriate resolution. These solutions may include helping the mother wanting a divorce by referring her case to the court, or transferring the father to the hospital if he requires therapy. The aim is to keep the family together where possible.

### **5.5.1 The day-to-day work of child protection professionals**

Dealing with abused children can have an impact on the personal lives of the practitioners as they sometimes feel their efforts are not heeded. Participants describe the rebellion of some children who never listen to the specialist, whilst some children refuse the solutions on offer. This battle with children can be stressful and some report that the mental effect of the cases and their problems on the practitioner can affect the practitioner's personal life. According to Pearce et al. (2009), practitioners need to be fully supported or they may be overwhelmed by the problems they need to deal with. They need to have training to help them understand the emotions they experience, as they are being asked to deal with issues that are sometimes quite traumatic for everyone involved. If they do not receive adequate training, they may miss asking important questions as they feel it is too painful a subject (Pearce et al., 2009).

Extra pressure is felt by practitioners trying to coax details of physical or psychological abuse from abused children. More stress is felt when practitioners are faced with ways in which to diagnose the abused children because they often do not know how to diagnose. As mentioned in chapter 2, this can prevent full disclosure of the abuse as young people have not built up a relationship of trust between them and the practitioner and may not feel safe (Pearce et al., 2013). Interviewees speak of challenges like parents' nerves, drug-taking by fathers and the family not responding or trying to resolve the problem nor wanting to cooperate in any way. There are risks when practitioners carry out their job. Thirteen (33%) practitioners described how they have to assess the risk to themselves, before removing a child from their school or family. If the risk is thought to be significant, they use the police to remove the children from the father, who may be taking drugs or be stressed and upset. There are threats from male members of a family, fathers, brothers and uncles, where a social worker reports a case to the police. Overall, however, social workers need to be very careful in gaining agreement from the extended family, should a child have to be moved from their family. Without this support social workers would not be able to function well to protect children from abuse (Lindsay et al., 2011). Therefore, the lack of support is difficult for many social workers to deal with when they are trying to protect abused children within the parameters of the protection laws.



Nearly three quarters of the practitioners (72%) complained of not being able to carry out their role effectively as transport is very difficult for making home visits. This is because most of the social workers are female and females are not allowed to drive independently, according to Saudi culture. It is not always convenient trying to arrange alternative transportation. Furthermore, they also complain about psychological pressures they face on a daily basis. More than half (51%) of social workers and psychologists mentioned that they are psychologically affected by the pressures of the calls or even from reading reports about the cases, therefore they need to have periodic breaks, which during the day may amount to one hour. Their work load has also increased, they said that previously they all used to go out for parties and activities provided by the NFSP but now, due to work pressures, only one or two workers might go. This indicates that the social workers are not finding a release for the pressures of their roles, as 74% of social workers agreed that social activities can often put things into perspective. It often helps to build better work relationships as well. They feel extra pressure within the workplace, as they sometimes feel they are not able to carry out their role effectively. With many of the social workers being women, it is often difficult for them to travel outside Riyadh city, and in many ways this limits their remit.

“We get ambiguous or unclear information and sometimes the abused changes their mind, or their testimony – and we then discover there are contradictions in the information, possibly because of pressures they are under, such as fear.” (*Social worker 5, SPD*)

According to the practitioners, one of the issues putting them under pressure under the 2013 laws is the ability to judge whether a case is genuine or not. They are sometimes presented with information that is ambiguous or unclear and sometimes the abused child may change their testimony, resulting in contradictory evidence. This is likely to be because of pressures like fear on the part of the child, but it is often not realised how traumatic it can be for a victim to disclose they are a victim of abuse. Respondents tell of being involved in domestic disputes. disputes and some talk about the ulterior motives of the complainants.

“Many cases come here and tell false stories. We discover that there is no abuse but rather she wants revenge against her husband because she needs more freedom” (*Social worker 23, SPD*).

A large proportion (84%) of social workers and psychologists suggested that 50% of the cases they were presented with were malicious and not true.

“One of the difficulties we face is receiving a lot of malicious reports. In this case, we formed a team to verify the authenticity of the report and study the case from all its psychological, social, health and judicial aspects”  
(*Psychologist 8, SPD*).

To counteract this, a special team has had to be formed to discuss each case individually. Practitioners are now encouraged to focus on the individual's circumstances and engage with the individual rather than trying to deal with wider social issues. This has resulted in more openness surrounding areas traditionally hidden from public discourse (Ferguson, 2001). Any interventions are focused on empowering the individual to make informed decisions about their lives (Ferguson, 2001). In an interesting development, Albrithen and Briskman (2015) suggest that it is the Saudi social workers themselves who should be empowered, as they are currently limited by the cultural context in which they are working.

The special team has been formed to verify the authenticity of the report and study the case in detail from all its psychological, social, health and judicial aspects. There were calls for stronger measures against these so-called false claimants as so many are received and there is no penalty for those who give false reports. There are suggestions that there should be penalties or prison for those who do this. The law states that the person reporting abuse must be taken at face value and believed, even if this later turns out to be untrue. It is understandable that there is concern about this if it is indeed taking up to 50% of their time, as was previously mentioned. However, each case should be investigated, and such allegations can help practitioners in being able to understand more about the reasons, and to improve their own response to all allegations, whether false or not (Ney, 1995). Yuille et al. (1990) assert that investigators should be properly trained. Halliday (1986) argues that “one of the biggest factors in false allegations has generally been the lack of expertise and training of those professionals assigned to conduct the investigations and interview” (1986:27-28). There may therefore be a need for Saudi social workers to have greater critical awareness regarding such allegations, and for them to understand the different perspectives from which such allegations are made.

This confirms the argument of Albrithen and Briskman (2015) which calls for the empowerment of social workers to be confident in their responses to allegations of abuse. This can only be achieved through ensuring that they have access to the relevant training, and support.

## **5.6 Raising Awareness of Family Violence**

It was felt that there should be more awareness of violence against children in the family as this was still treated as an insignificant issue by many. This indicates, as Al-Fayez et al's (2010) report, that Arab countries tend not to recognise that child abuse exists but it is nevertheless an issue for those working in the field. From their responses, it seems that some of the professionals may be reluctant to acknowledge the extent of abuse that may exist.

### **5.6.1 Media Influences**

Several of the interviewees mentioned that the media should play a bigger part in disseminating such information. It was suggested by twenty-seven (69%) respondents that the case of violence against children should be supported by the media in terms of making advertisements, and TV programmes about cases of violence against children.

“The case of violence against children must be supported by the media in terms of making advertisements and TV programmes about cases of violence against children” (*Social worker 11, NFSP*).

They felt that the media could do more to protect children and wondered why the media did not capitalise on the experience of specialists in child protection and invite them to give talks about the consequences of violence. They felt that in this way the information would get out to a much wider audience. This is contrary to Al Zahrani's (2004) study, which reported that lots of media interest had been raising awareness and Al-Jebreen's (2005) record that the mass media had been discussing cases of child abuse.

### **5.6.2 Educating children on their rights**

Awareness is starting with the children themselves and ensuring that they know their rights, as social workers acknowledge there is a fine line between discipline and abuse

and, therefore, awareness campaigns are carried out in the schools. They feel that in educating students in schools about protection and the role of the SPD, and about the procedures followed for reporting and about the toll free number that they can call, they will encourage more to make use of the service if required. This kind of campaign is necessary, according to the workers, as many parents have misguided concepts about disciplinary methods. One worker was shocked at the way a mother punished her child by making the child stand for two hours on one leg.

“We had a case who was punishing her child by making the child stand for two hours on one leg. I think this punishment is harder than being burnt with an iron from the fire” (*Social worker 6, SPD*).

The forms of punishment are often extreme, yet many do not consider these to be abuse. There are misconceptions about what constitutes violence, and some can be referred even when there is no real violence involved. It was mentioned by twenty-two (56%) social workers and psychologists that they get many cases at the SPD that do not involve violence and it can be difficult to make an initial assessment as there is a crossover between violence and discipline. Some of the cases cannot be classified as abuse and just some behaviour modifications are needed.

### **5.6.3 Clarification on key issues**

This confusion between discipline and violence is evidently an issue, which a number of the respondents feel needs to be addressed. They note that many people in the KSA do not actually know their rights related to neglect and there is a misunderstanding between educating people and getting them to understand the concept of violence in the KSA community. Educating families and Saudi society on the consequences of violence is not easy, because many Saudis have no understanding of the difference between disciplining a child and abusing a child, and simply do not know anything about their rights or the rights of the child. Some suggested that the confusion between discipline and violence meant that they had to deal with very rebellious and angry families. When a family member refuses intervention, it becomes a challenge trying to deal with them for, as thirty-two (82%) respondents commented, most Saudi families do not accept the idea of protection.

#### 5.6.4 Women's empowerment

The problems that many women face in reporting cases of child abuse may mean that many are not investigated. This is despite an increase in numbers of reported cases. In 2010 there were 187 child abuse reports, but in 2013 this had increased to 527. Al-Eissa (2010) had previously noted a year on year increase, which he suggested was due to an increase in public awareness of child abuse. Although children may be having awareness education, and know about the child helpline, many are still not able to ask for help. A social worker from SPD commented that a young girl confessed to having been exposed to sexual abuse since the age of six, but she could not say anything because she was afraid of her father. The mother may also be complicit in the abuse because of the fear that she may consequently be cast aside by her husband. Fifteen (38%) social workers explained that a mother may know that the father is abusing his daughter sexually but she cannot take the daughter away, because he may divorce her. Many women are simply too afraid to say anything, and will refuse to make any complaint at a police station, as they are scared of their husbands. Aligned to this fear is the shame that many Saudi families would feel about reporting child abuse (Al-Harbi, 2010). As one interviewee reports:

“There is no cultural awareness within the family about the risks of violence against children and the implications of this violence. For example, the mother is afraid that if she informs on her husband that he is abusing the child, he may divorce her. She is also afraid of social judgements from society, so she decides not to pursue the complaint and sometimes doesn't inform at all. Sometimes the family is afraid of getting a bad reputation so they don't disclose the cases of abuse within their family” (*Social worker 14, NFSP*).

There is some indication that the education of women about violence has not yet been fully addressed. This may not be possible until the gender differences in Saudi society shift. As suggested earlier, there are cases where women may be complicit in the abuse being carried out on their child, and be afraid to say or do anything as it may lead to divorce. There are also instances where both child and mother are subjected to violence and there is a project to create a rehabilitation centre for abused women, which will be more therapeutic in nature. It is currently under study by NFSP. The SPD's previous concern was with abused women but now it has started taking in abused children and interviewees often discuss protection of both women and children. If the mother may be subjected to violence, then that may later transfer to

the child as well, therefore it is important that women understand the need to report any violence, in order to ensure the protection of the child. There is recognition from the practitioners that mothers can sometimes not be separated from their children and it is the mother who is the victim of violence, but the children are taken from the family as well.

#### **5.6.5 The role of culture and traditions**

For those working in child protection there is a need to respect the traditions, as well as the laws, but sometimes it becomes difficult for them, when they are faced with child abuse within families. Ten (26%) practitioners expressed their opinion that the mother should be punished for her silence and should also be considered as aiding and abetting in the abuse.

“In my opinion, the mother should be punished for her silence and we should consider her as abuser before the real abuser because the real abuser is abnormal but it has to be asked why the normal mother remains silent about her daughter’s rights and didn’t defend her” (*Social worker 20, SPD*).

Practitioners argued that the real abuser was abnormal and it had to be questioned why any normal mother would remain silent about her daughter’s ordeal without making any effort to defend her. However, this supports Abu-Bakar’s (2013) study which shows that Arab families rely on extended families in cases of abuse and do not want to have their family reputation harmed by reporting to the authorities, and the way in which Middle Eastern cultures keep family matters private (Akmatov, 2010). In Saudi families domestic violence is taboo (Al-Sagheer, 2012). It is therefore important that families understand the implications of child abuse and its long-term effects. As one respondent from NFSP commented that her job in this institution is to make the family aware of the risks and the mental impact that the violence may be having on their child.

“There are difficulties in terms of KSA society and its culture understanding child abuse. For example, there are difficulties in reporting cases to the concerned parties and in the methods of communicating with them, especially when we receive very complicated reports and society rejects these because it still doesn’t allow anyone to intervene in personal or family affairs” (*Psychologist 4, SPD*).

“We face a problem in that illiterate people may not understand the words ‘protection’ and ‘violence’. For instance, when someone comes I ask him, ‘Do

you know what protection means?’ and he answered ‘No’ and I told him ‘It’s required when you abuse your wife’. He asks what is meant by abuse” (*Social worker10, SPD*).

Altogether, thirty-six (92%) social workers and psychologists said that behaviour modification was needed for the parents. They do find they need to make difficult choices in dealing with families, where there is a case of child abuse, and are conscious that the average Saudi family is steeped in tradition, so they do not want anyone to interfere in their personal affairs. Social workers and psychologists face a dilemma. If they intervene, they feel they might hurt the family and if they do not intervene, they might hurt the family as well. Saudi society itself presents a real challenge for practitioners working in child protection.

Sexual abuse is a particularly sensitive issue in KSA and the practitioners face a struggle to enlighten people about the practice and aware the society about the consequences of this kind of abuse, which is not even recognised in the KSA courts. Domestic violence is considered to be outside the jurisdiction of the courts as it is a private matter. However, domestic violence was made a criminal offence under the protection legislation in 2013. Since then some of the community has started to respond to the awareness campaigns, especially regarding sexual violence as one participant acknowledges:

“I faced many challenges regarding community awareness. We lectured on the problem of sexual violence in the hospital. There were few people in the audience because the topic is sensitive to the Saudi community but people welcomed other topics. Gradually the society started understanding the matter of sexual violence as the same lecture had more people in the audience after three years” (*Social worker 4, hospital*).

Barriers to implementation of these laws are put up by the families themselves and to a certain extent by the social workers, who do not always receive adequate training on powers and limitations.

“There are very good laws but they are not binding. This is because of the society’s culture and the class we have. The abused cases are not firmly defined as we have laws but we face obstacles and hindrances from the families. The training courses are also not clearly defined as there are laws and customs such as sexual abuse not being recognised in the courts” (*Social worker 14, NFSP*).

Yet for many workers the real issue they had was one of denial by some families that any problem existed, their refusal to acknowledge there was any problem, and their lack of cooperation in any investigation. According to twenty-six (67%) participants, it was the silence on the part of the family and the refusal to talk about their personal problems along with the difficulty of setting up meetings with them, and their refusal to cooperate in trying to resolve their problems that made it hard for social workers to intervene and carry out their job in protecting children. Some of this may be due to ignorance, but it also suggests that social workers need to develop interpersonal skills in working with these families.

One suggestion that it may be a lack of awareness among women about the proper upbringing for children raises the question of the role of women in family violence, as they are often seen simply as the victims. There were several comments that indicate that the women are not cooperating fully in protecting their child. Allan (2004) acknowledges that mothers tend to be blamed for any problem dealing with children and this needs to be addressed before other issues can be dealt with. The care and protection of a child rests mainly with the mother, but when this responsibility is found to be lacking the mother may take the blame. It is highly likely that others will also blame her for not being a good mother (Allan, 2004). It was reported by twenty-one (54%) social workers and psychologists that mothers did not accept the specialist's guidance for their children. Nor do the practitioners entirely trust the women, saying they were often unable to keep information confidential and not to disclose it. The women are also prepared to go back to the place where violence occurred. This could be due to the lack of other choices. Also, practitioners noted that women from the Hospitality Centre<sup>25</sup> in the SPD returned to their homes as soon as possible so as to stabilise the situation for their children.

“Among the challenges we encounter is that women from the hospitality centre in the SPD return to their homes after they get out so as to stabilise the situation for their children” (*Social worker 13, SPD*).

This is not an uncommon phenomenon, as Salamone (2010) reports that eighty-five percent of American women return to an abusive relationship. The reasons may be quite complex but it is suggested that finances may play an important role (Gondolf,

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<sup>25</sup> Hospitality Centre caters for ex prisoners who have been shunned by their families because of their criminal convictions. The centre supports these women, and acts as a mediator between them and their families to rebuild the relationships.



1988; Griffing et al., 2002; Rodgers, 1994, Salamone, 2010). However, other studies indicate that fear is the main reason for women staying in the relationship (Barnish, 2004). Furthermore, there is evidence that most women leave and return several times (WHO, 2002; Griffing et al, 2002) and there may also be an emotional attachment to the abuser (Gondolf, 1988; Griffing et al., 2002; Rodgers, 1994).

#### **5.6.6 Expectations of the abused people**

There are also some misconceptions of the role of social protection institutions, which indicate that the right messages are not going out to the community. Practitioners commented that some people think it is the ‘magic wand’ for all their problems.

“Also an incorrect understanding from the community on the role of social protection. People think it is the magic wand for all their problems and they don’t understand the real role but over time the role has become clearer to them” (*Social worker 6, SPD*).

The changes that must be accepted by victims are also not understood, and many find it difficult to adapt to a new routine, or to living with others.

“Currently we are facing a problem with people adapting to the residential facilities at AWA, and also the incompatibility of different cultures with each other because each family has its own culture and traditions so there is difficulty in accepting each other” (*Social worker 9, AWA*).

### **5.7 Causes of Abuse**

The main causes of violence in Saudi families have been identified by the practitioners as being mental problems and drug addiction on the part of the perpetrator. It was noted that a common reason was that one of the parents had a mental disorder.

“We carry out protective procedures to protect cases before serious damage occurs. For example, we may receive a notification that a wife is having difficulties with her husband who is a drug addict. Our role here is to refer the case to the health authorities to carry out a psychological assessment, so as to protect the children and the family as whole from the father’s violence in the future” (*Social worker 11, NFSP*).

There is no doubt that such violence within families is a concern for Saudi society and close attention is being paid to this at the highest level. It was explained that after referring a case of abuse to the executive team, they are then referred to the relevant

parties such as the Ministry of Education, drug prevention, or psychiatric healthcare. They also have a direct line with the principality, in particular with the prince, who sends a recommendation letter for such parties to consider the case.

With the new protection law in place, there is acknowledgement that Saudi society is changing and that more attention needs to be paid to the ways in which it is splitting society:

“This needs more care and awareness and, with the new law, the society has been divided into three divisions. One section understands the law and is satisfied with it. Another section only accepts the law out of fear or they consider it a social stigma and they address the case themselves. The third section doesn’t accept the law at all. So change in general is a double-edged sword, either accepted by the society or rejected completely” (*Psychologist 9, SPD*).

Domestic violence has been associated by participants with drug abuse and it is clear that KSA has a problem with illegal stimulants. The United Nations states that KSA is the biggest consumer of such stimulants in the Middle East (Sloan, 2014). Although it is suggested that family problems can lead to drug abuse, it is also clear that users become more aggressive and dangerous (Arab News, 2015), indicating that they are likely to lead to instances of domestic violence. Galvani et al., (2011) also argue that people with substance misuse problems often face conflict in their personal relationships, which could result in episodes of domestic violence. Reports in the Saudi media make a direct link between drug abuse and domestic violence, leading to high levels of divorce in KSA (Al-Hamid, 2014). This is obviously an area of concern for the authorities, as it can have such an effect on families. In a survey carried out in Riyadh, 20% of women had encountered domestic violence, and this has had a considerable impact on their children, of whom more than 90% suffered behavioural or psychological problems (Barnawi, 2015). The 2013 laws in KSA criminalising child abuse may help protect children from both direct and indirect abuse.

## **5.8 Dealing with the New Child Protection Laws**

As discussed in the previous chapters, in 2013 the KSA issued a protection law, which made domestic violence a criminal offence for the first time. Perpetrators could face prison sentences and fines if found guilty of abuse within the family. More

recently in 2015, the KSA issued new child protection legislation, to emphasise the position of Islamic law and regulations with regards the issue of child protection, and highlight the international agreements, which KSA has ratified. These actions preserve the rights of the child, and protect children from all forms of abuse and neglect (MSA, 2015). In order to gain a perspective of any progress that may be taking place in terms of child protection in KSA, the thirty-nine social workers and psychologists were asked how they compared current practices with those taking place before protection laws came into effect. In this way the perceptions of the practitioners themselves could define how well the policies were now embedded within the institutions where they worked.

In total, thirty-one (79%) of the participants agreed that there were considerable improvements. Ten (26%) social workers in particular were positive about these protection laws, many feeling that specialists and social workers had now become more powerful and could practise their work with more confidence in the role they were expected to fulfill. However, this was not always shown in practice, and thirty-three (85%) practitioners did not always agree that they had any more authority than before. It may be that some were less experienced and had not faced some of the barriers later described by other practitioners.

“In the past, there were no clear laws and processes/outcomes were dependent upon the personal diligence of the practitioners themselves. But after issuing the protection system under a royal decree, the specialist or the social worker became more powerful and can practice his/her work more confidently” (*Social worker 25, Hospital*).

A hospital social worker explained that there were no clear laws in the past and any processes or outcomes previously had been entirely dependent on the personal diligence of the practitioner, therefore there may be a perception that the laws themselves are now offering protection for the social workers in making decisions. The 2013 law allows practitioners to go into the schools to take a child away, without waiting for approval from any of the agencies, such as police, the courts or the MSA.

In other respects it seems it has not been a straightforward process implementing the new policies. There appear to have been some initial issues with the transition of power to the newly-formed NFSP, and one experienced respondent reported that there

were difficulties in cooperating with some of the old institutions for protecting children<sup>26</sup>. This has been a particular issue, as well, in getting Saudi society to accept the idea of family safety as it is a concept that is not familiar to them. Saudi traditions reflect the belief that the man is the head of the family and takes on all the responsibilities for his own family. It is unusual for Saudi families to allow intervention of others in their family affairs and there is much reluctance from many Saudis to seek assistance from outside sources (Abu-Bakar, 2013). It is therefore a challenge for any institution to attempt intervention, and to try and change the mind-set of families whose cultural beliefs lead them to accept that they alone can deal with any problems within the family.

Comments came from twenty-seven (69%) of respondents that the law had been set up by legal consultants but the implications of applying it had not been thought through, especially when dealing with family conditions. For example, one respondent said:

“I had a case of a mother battering her child and the child was handed to the grandfather, but after a few months the grandfather handed the child to the mother without telling officials in the SPD who knew that there was a risk in handing the child to grandfather. When we asked the grandfather why he did that, he replied that he couldn’t be responsible for the child because of his age, and I knew that through my consecutive visits to the child. We have subsequently handed the child to her father and we will follow her until she gets settled. I wish that there was a deterrent to those who do this deed” (*Social worker 21, SPD*).

As mentioned earlier, in the Saudi family the head of the family is male and he has authority over the other members of his family. The decision to place this child with her grandfather was based on traditional values, where the men in the family take on the responsibilities. It was also probably considered a way of keeping the child within the familial environment, while at the same time removing her from immediate danger. However, there is also no tradition for men to be the primary carers for children, and the grandfather was no longer a young man. When the child was given back to her mother, there was nothing to stop the abuse happening again. However, the subsequent decision to place the child with her father is also controversial as there is nothing to denote that he would be any better at protecting the child; there are also questions about whether he knew about the abuse and ignored it, and why the

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<sup>26</sup> Institutions cannot be identified due to the confidentiality agreement.

authorities did not choose to place the child with him originally. It may be that he was continuing to live with the mother and the child may still be at risk within this environment. This shows that the implementation of the 2013 laws can raise issues where the authorities are trying to comply with the legislation, but at the same time adhering to traditional values. It is an area of conflict that is not easily resolved.

Yet after taking some time to adjust, the new system seems to be working and accepted by twenty-nine (74%) practitioners, with comments noting that now they received a lot of appreciation and their role has become really effective in Saudi society. This may also be because of the high profile of human rights and child protection in KSA now, with more international attention focused on the Kingdom (Taylor, 2011). Headlines such as “*KSA remains a member of the United Nation’s human rights council despite its poor record*” (Khan, 2016: 1) and “*KSA is experiencing a steady rise in reported domestic abuse cases*” (Jawhar, 2014: 3) have made the world aware of what is happening in KSA. Western public opinion has concerns about human rights violations and is starting to question Saudi values; in particular this comes from Americans, who have been such strong allies of the Saudis (Taylor, 2015).

It is not just the agencies that are seen as uncooperative. There is almost a competition between government childcare institutions and non-governmental institutions, which do not seem to make attempts to work together. The police take a long time to respond to practitioners’ requests and then to follow up the cases. Another difficulty highlighted by some practitioners was the problem they had in making telephone contact with other agencies.

## **5.9 Court Procedures and Prosecution**

KSA is an Islamic state, and its judicial system is based on Shari’ah law. Most cases are heard in the Shari’ah courts, and the head of the legal system is the King, who acts as the final court of appeal. Within the Shari’ah courts are several smaller courts, including those that hear cases involving the government. However, this means that the Shari’ah courts may sometimes seem to be acting not in accordance with the procedures followed by the child protection practitioners.

The courts are beginning to show some support in protecting children from violence, and one respondent commented that they executed a father who killed his child and over the past four years four people have been executed for killing and abusing their children. She added that there were ten cases under investigation relating to abusing children. Recognition that children have rights and can be protected by law may serve as a deterrent to other abusers. The practitioners who have been working in the field for some time have noted the differences.

However, from the data collected, the courts can be seen as unsupportive as they make decisions, which may not fit with the procedures being followed by the practitioners, who complain that they experience difficulties with the courts. Without adhering to the procedures set out, the courts can transfer cases directly to specialists, without first going through the assessment and protection route to determine which specialist support is required. There was also some adverse criticism of the authorities given the task of applying the law. Comments were made by child protection practitioners that there was no strict system for police transferring cases to the authorised agencies because some of the offenders had good relations with the police. The police then dismiss the allegation and the abused mother or child is not given any support.

“There is no strict system for making the police transfers of the cases to the authorised agencies because some of the abusers have good relations with the police who move to waive the case and the victim at the end is the abused mother or the child” (*Social worker 3, SPD*).

The thirty-six (92%) social workers and psychologists noted that many would dismiss the cases because of the family's reputation. Wanting to apply the law and being able to apply the law are sometimes in conflict. The law was understood by twenty-four (62%) practitioners, but they were still subject to threats from those in important positions, mainly because the offenders are friendly with the police, and they found it hard when there was no cooperation from the people needing help nor from some social establishments, such as childcare institutions, social agencies, or even the police themselves. Although they were in a position to help those needing protection, barriers were being raised if the family involved held a respectable position in Saudi society, and this extended to some of the agencies concerned with child protection as well. This lack of cooperation from the relevant agencies was

mentioned by several others, although many were reluctant to provide an explanation as to why they felt these agencies were not cooperating. It may simply be a perception on the part of practitioners, or the agencies may not have enough experience or resources to deal with everything.

Interestingly, although not asked about their perception of the effectiveness of the punishment for child abuse. Thirty-five (90%) respondents felt that this was not effective, as there were no specific mechanisms for punishing the abusers. Although there was a jail term and fine, this was not considered sufficient as the numbers of those being abused was increasing, and the length of time before any punishment decisions were made could take longer than a year.

“The law of social protection should be rigorously applied until we develop to the point of protecting the abused and also applying strict punishments to the abuser” (*Social worker 17, SPD*).

“we don’t have any procedures or policies relating to this matter and we don’t have specific mechanisms or strict punishments for the abusers.” (*Social worker 26, Hospital*).

This absence of regulations and enforcement means that some offenders can refuse to participate in any attempts to resolve the situation. For serial offenders the punishment may be a prison sentence of up to one year and a fine, but this is not a strong enough deterrent to prevent violence against a child. The main issue may still be one of changing attitudes towards children and child abuse, and it is likely to take some time for this particular cultural barrier to be broken down. This may need extra education and support through awareness campaigns.

## **5.10 Summary**

Whilst there are many frustrations and issues related to child protection in KSA, and the application of the 2013 protection laws, one of the major issues appears to be poor communication channels between agencies which prevent effective handling of cases. This lack of communication is perceived by workers as other agencies being unsupportive and uncooperative. The 2013 laws for protection and the processes attached to them are still at an early stage of development and may not yet have been fully understood by practitioners. Any changes in a system will always have initial

problems, and people are often reluctant to accept change. The perceptions of the practitioners may be amended as they become more familiar with the processes. In addition, if they are able to understand that changes are related to improving their professional status as well as their social work role, then they may be more prepared to accept change. From a ToC perspective, the views of practitioners are respected and any changes are recommended based on the data relating to their practice.

Other issues that were often mentioned were the need for more awareness campaigns, the difficulties of working in Saudi society, the limited powers available, and slowness of the system. These challenges indicate that there are frustrations experienced by the practitioners, who feel that their work is not yet being fully supported. This is to some extent related to Saudi society and general acceptance of the role of child protection. Some of the practitioners noted the way that certain individuals were well-known to the authorities and could use this to their advantage, in that the police would not support allegations against friends. In tribal societies this creates a problem, as the family may be at the centre of Saudi society, but the extended tribal family is just as important. In certain situations there is likely to be a conflict of interests as families close ranks.

Relevant training was also a theme that came up many times throughout the interviews. This related to a lack of expertise on child protection and practitioners felt that they needed extra training and support from experts to enable them to carry out their role effectively. Some of this may have been due to the changes that had been occurring, and they may not have had full confidence in their ability to understand these changes. By using ToC as a framework in this study, this exploration of views and experiences has helped to build a better understanding of training and practice issues. This allows reflection on the kind of information needed to be more confident in responding to child abuse in KSA. In this way recommendations for organisational change can be made, and practitioners can be empowered to deal with child protection issues more efficiently and effectively. Specifically training social workers and other professionals to be more aware of the importance of communication, to understand different perspectives when allegations of child abuse are made, and to make decisions about the appropriate intervention are all areas which could be developed to bring about change. The views of these practitioners are important in understanding a



small part of the whole and by making small but significant changes in areas that the practitioners are familiar with, and have already highlighted as areas of concern, such changes can be more readily accepted by these practitioners.

The next chapter discusses the perceptions of practitioners towards the training programmes on child protection provided for them.

# **Chapter 6 Perceptions of Practitioners and Training Providers of Professional Training Programmes in KSA**

## **6.1 Introduction**

Following the previous chapter, where practitioners gave their perceptions on the systems which were underpinning the 2013 protection laws introduced in 2014, this chapter explores the perceptions of practitioners and training providers about the professional training available in KSA. It looks at the perceived benefits of the training courses and how practitioners evaluate the training they have had. The ToC model is based around evaluation from practitioners so that they may reflect on ways in which the organisational structures and systems may be improved and developed. Practitioner satisfaction with the courses is discussed, as well as their engagement when on courses. The main focus in this chapter relates to the content of the courses, the training policy, the organisation of the child protection training programmes, practitioners' understanding of the benefits of professional training, and their evaluation of training attended. This information has not previously been available in relation to KSA.

Within this chapter the value of professional development training provided will be discussed, looking at how it meets the needs of those dealing with child protection issues. Given the changes in legislation, it is important that all practitioners understand the role they play and how the changes may affect them in their work role. Professional training enables such understanding as it reinforces the legislation and facilitates knowledge of changing practices. The ToC, which underpins this study, requires evaluation from practitioners' viewpoints so that the situation may be reflected upon and ways forward proposed. It identifies where changes can be made, and this is particularly important with reference to the practitioners themselves as they are in the optimal position to reflect on areas for improvement.

Because of this, 10 training providers were interviewed face to face, along with 22 practitioners. A further 17 practitioners and 4 training providers provided written responses. Practitioners and training providers were working across different sectors, including schools, hospitals, NFSP, SPD and MSA, thus allowing a broad spectrum of viewpoints.

**Table 6.1 Participants experience**

<b>Years of experience</b>	<b>Number of participants</b>
1 - 2 years	15
3 – 5 years	15
6 – 10 years	15
11 – 15 years	4
16 – 25 years	4
<b>TOTAL</b>	<b>53</b>

Many had years of experience, ranging from 1 year to 25 years (see Table 6.1) and this allowed a fuller perspective. Those with relatively little experience were more able to provide new perspectives, whereas those with longer time spent in the field could draw upon their many experiences working with social issues.

**Table 6.2 Job roles of participants<sup>27</sup>**

<b>Job role</b>	<b>Number of participants</b>
Psychologist, psychiatrist, sociologist, consultant	8
Manager, Director & Training provider	8
Social worker	28
Child line worker	3
Training & development	6
<b>TOTAL</b>	<b>53</b>

In addition, the participants fulfilled a variety of roles within the field of child protection (see Table 6.2) and their different experiences across these roles enabled an evaluation that would support and add credibility to any suggestions for improvement.

<sup>27</sup> This table combines the job role of practitioners as seen in table 5.1, plus the training providers.

This chapter brings together the perceptions and experiences of this wide range of practitioners and training providers to provide an evaluation of the professional training programmes relating to child protection on offer in KSA.

## **6.2 Training Programmes**

The NFSP Report (2013) had identified the low numbers of professionals involved in child protection who were attending prevention programmes. This may be because such training is not mandatory for all practitioners, as one training provider suggests, only for doctors. Trainees are nominated by their agencies. It should also be noted that Al-Muneef and Al-Eissa (2011) reported a high turnover of professionals working in child protection teams and suggested this may be due to increasing demands or psychological trauma in dealing with the cases. Interestingly, they suggested that it may not be efficient to spend resources on continuous training until the challenges of human resources were resolved (Al-Muneef and Al-Eissa, 2011).

Training programmes are expensive to develop and run, and each programme has a set budget. It is therefore easy to understand why there is a limit to the number of courses that can be provided.

“If you would like to create a training programme, it may cost 100,000 Saudi Riyal (£16,660) just to cover the remuneration of the experts, trainers, residence, local and international tickets, and miscellaneous expenses (transport, printing the certificates of acknowledgement, photocopying”  
(*Training provider 11, NFSP*).

NFSP provides six different training courses every year related to child protection against violence. These are mainly to ensure that practitioners are aware. Awareness is also the criterion for short courses they deliver to other agencies such as the Ministry of Education, Health and Social Affairs. Table 6.3 shows the type of training NFSP made available to specific groups of participants. These training courses are conducted every year in different places around KSA. Basic training, which is multi-disciplinary, has been provided since 2007, and more advanced specialist courses have been provided since 2009. The strategy for their training programmes on protecting children from violence is to use the ones developed already by large international organisations and then translate them into the Arabic language.

**Table 6.3 NFSP Training Courses (Source: NFSP website)**

Basic Training		Advanced Training	
Participant group	Type of training received	Participant group	Type of training Provided
<ul style="list-style-type: none"> <li>- Police</li> <li>-Nurses</li> <li>-Doctors</li> <li>- Social workers</li> <li>-Psychologists</li> <li>-Educators</li> <li>-Judges &amp; lawyers</li> </ul>	<ul style="list-style-type: none"> <li>- Ways to identify the types of violence and child neglect.</li> <li>- Acquainted with the treatment of children Indicators.</li> <li>- Identify the effects of violence against children to the child, family and the community.</li> <li>- Identify regulations about legal violence against a child in KSA.</li> <li>- Evaluation and intervention in cases of violence against children.</li> <li>- Respond to violence and neglect against children.</li> </ul>	Doctors & Nurses	<ul style="list-style-type: none"> <li>- Identify the skull deliberate brain injury.</li> <li>- Understand the internal organs injuries.</li> <li>- Understand the virtual injuries.</li> <li>- Understand the sexual assaults.</li> <li>- Identify the research and developments in the field of child protection.</li> <li>- Learn how to deal with cases of child abuse in the latest developments in scientific research and light.</li> </ul>
		Social Workers	<ul style="list-style-type: none"> <li>- What is domestic violence.</li> <li>- The reasons and motives and mechanisms of prevention of domestic violence.</li> <li>- The preparation of programs, mechanisms for the prevention and prevention of domestic violence.</li> <li>- Domestic violence against the elderly and people with disabilities.</li> <li>- The mutual influence between domestic violence and mental health analysis.</li> <li>- Evaluation of community support services for victims of domestic violence.</li> <li>- Legal procedures and systems of social protection.</li> <li>- Basic work skills.</li> </ul>
		Police, Judges & lawyers	<ul style="list-style-type: none"> <li>- Children's rights in Islamic law and its applications in KSA.</li> <li>- Different concepts of violence against children in the security sector.</li> <li>- The rules of a hearing child victims of violence.</li> <li>- Methods of receiving communications in the security sector.</li> </ul>

The contents are then adapted by a local organisation to meet the requirements of the KSA community. It is positive that KSA organisations are using the experiences of the international community that has more developed and established programmes for dealing with child protection. On the other hand, it should be possible for Saudi expertise to be used for developing programmes which meet the cultural expectations of the KSA community. However, as has been mentioned in the previous chapter, there is a shortage of experts in this field as many are choosing areas other than child protection. Until the reasons for this have been resolved, KSA may not be able to produce the experts it needs to deliver child protection training.

The courses provided by NFSP (Table 6.3) indicate that thought has been given to the specialist training specific groups may need. Training programmes advertised in this way seem to be targeting the needs of the practitioners. However, as has been mentioned, many of the courses have been adapted from programmes delivered by international organisations, and then translated into Arabic. In addition, as will be seen, there is evidence that a method of cascading is used, so that the person delivering the course may not have the expertise required, and may not have the requisite understanding of the subject.

Currently much use is made of having one person attend a training programme and then come back to train others in the department. Nominations for the person to attend may be for a practitioner in laws and legislations related to protection, who will then come back to report on the training to the social workers. A social worker from NFSP argued that this was the way in which all could benefit, not just those who attended the training programmes. As can be seen in the comments from other practitioners about the training courses, most of the benefits tend to come from the interaction involved and the opportunities to gain experience as well as knowledge from the questions and answers and the discussions. Cascading knowledge in this way may not therefore be viewed as a benefit by many other practitioners.

Almost 20% of the sample of new child protection practitioners did not receive any specialist training programmes. Although training for the police is provided within NFSP, the practitioners interviewed for this study mentioned that the police should be trained professionally to respond to child abuse, especially in “cooperating with social

workers to protect children from abuse” (social worker 2, SPD). Within the hospitals there are also social workers and hospitals are a provider of training programmes. However, most of the training in child protection in the hospitals is carried out in English, and social workers do not know English. It is therefore more likely that medical and nursing staff, who are familiar with English, will attend such courses, rather than social workers.

### **6.3 Experiences in Delivering Training Courses**

Many courses have a limit of 20 trainees and there is always a high demand. A training provider at the hospital reported that her courses are delivered over five days as they need thirty hours of guided learning. Four training providers from NFSP explained that their five day courses are very intensive, starting at 8am and finishing at 5pm. These are long days for training and the NFSP divides their daily sessions into three hours of theory and three hours of practice. Pike (1989) suggested that over a period of three days, the trainer will retain 10% of what is read, 20% of what is heard, 30% of what is seen, 50% of what is seen and heard, 70% of what you say and 90% of what the learners say as they do. This shows the need to actively involve trainees in their learning. In addition Erickson (1996) suggests that individuals are unable to sustain concentration in any training session for longer than five hours per day and that the optimal time would be between four and five hours. The intensive courses of nine hours per day delivered by NFSP may therefore not be providing the anticipated benefits, as trainees may have reached saturation point for learning around lunchtime.

Four out of 14 training providers said that one of the challenges is in the choosing of the right trainees to attend their courses. This is because trainees were sometimes found to be attending the courses merely to boost their credentials rather than use the knowledge in practice. Also, four training providers from NFSP complained of professionals not applying what they had learnt in their training sessions, and also that these professionals did not attempt to train colleagues in their organisation as the training models required.

Nevertheless, the training providers attempt to choose targeted professionals for their courses, who will serve their purpose and help to train those who have not had places allocated. They do this by requesting a curriculum vitae from applicants. Despite this, six training providers from NFSP and MSA suggested that many of the trainees on the courses are not professionals or specialists in child protection. They are simply administrators who need to cover a certain number of hours training each year, and they have no need of such training. A training provider from the hospital reported that the turnout for training courses was poor, and she believed this was due to the role of the doctors in choosing and delivering the courses, which may not be the ones that social workers want or need.

“The content of the training courses is very poor. It does not do the job for the practitioner. I think the reason is the duration of the training courses themselves, and the knowledge and skills of the trainer. I support the improvement of the course content” (*Training provider 3, Hospital*).

Another training provider had booked to deliver a morning course, but when she arrived she was told the time had changed to 3.30pm as another doctor had booked the venue instead, and was delivering a new course there. This indicates that the organisation of training courses is not always in the interests of the attendees, as a late session must be difficult for female practitioners to attend due to family commitments. It is also poor planning of resources and the attendees should have been advised of a change in the programme. This would also help to explain why training courses at the hospital do not always have a good turnout. These practical issues are not however restricted to KSA and are familiar to anyone who has organised training anywhere.

“Honestly, we have a problem with the English language. Most of the training programmes are in English but most of the social workers who are in the institution are not good at English” (*Training provider 7, NFSP*).

The majority of professional training courses are in English but the social workers have a low level of English language. This presents problems, which have to be overcome by translation into Arabic at the point of delivery, or by allowing fluent English speakers to attend the courses and then explain in Arabic to their social work colleagues. Five training providers reported that they preferred if training courses could be provided by Saudi citizens when children were involved, but they felt that a non-Saudi trainer was better for conveying the concepts involved in dealing with



sensitive cases. This is possibly because many of the complexities have American origins and therefore a certain objectivity in approach is introduced when a non-Saudi trainer presents the materials. It was acknowledged that many social workers were missing out on training courses as their English was not good enough for them to attend and participate. There are, therefore, barriers being put up which prevent practitioners from accessing training courses, which may be relevant to their job roles.

“There is not enough concentration in the training courses on violence and abuse against children also there are no specialised programmes in the field of violence and abuse against children” (*Training provider 1, SPD*).

Fourty-four (83%) training providers and practitioners commented on the lack of specialisation in the field of child protection in KSA. A lack of focus was blamed for there being no specialist child protection centres. A hospital training provider reported that she had not yet prepared training programmes on child protection as she needed teamwork and coordination to form a series of integrated training programmes, and this was not easy to try and put together. Child protection specialists may be called upon to run these training programmes, but they are likely to be from Jordan, Morocco or Bahrain as well as KSA, and they will deliver in English.

“Because of the lack of specialists in this field in KSA, we are trying to cooperate with the developed countries in the field of child protection outside the KSA which are specialised in this field. At the same time, we are trying to attain a balance between organising the training programmes and ensuring the sustainability of these training courses” (*Training provider 10, NFSP*).

“I wish to have the experiences of Jordan in child protection against violence because I heard that they are professionals and good in the field of child protection” (*Training provider 4, MSA*).

Seven training provider from NFSP, MSA and SPD reported that they were trying to co-operate with developed countries in the field of child protection so that trainers could be sourced, but they had to find a balance between organising the training courses and ensuring sustainability of these courses. Nevertheless, Saudi training providers welcome the chance to participate in international conferences in places such as Japan, Jordan and Yemen, and to exchange experiences with countries such as

Denmark and New Zealand. However, these opportunities seem to be open only to the training providers, not to practitioners.

Another challenge for delivery of training courses is that professionals from across KSA, who are working in child protection roles, are so dispersed that they are difficult to reach and locate. Three providers from NFSP said that they had only been able to visit a small number of areas to date. This suggests that child protection support and training may be available in Riyadh, but not available in the areas where there may be more need for child protection. Due to traditional and cultural reasons, rural communities may be the ones where more awareness and support is needed.

## **6.4 Evaluation of Training Courses**

The quality and success of a training programme can often be assessed by how the trainees are engaged and participate. Respondents were asked about their involvement in the programmes and invited to discuss the activities presented during the course. A considerable number (thirty-five, being 90% of the sample) agreed that there were no activities and trainees were not involved, with frequent comments on training being just lectures and seminars, with no interactive elements.

The concept of training was questioned by several participants, who commented that there were no workshops and that the courses presented information, which was not connected to the training they needed. This indicates that there is some misconception about training provision and its purpose, and that some of the courses provided are education rather than training. As mentioned earlier, there were complaints about the theoretical content of many courses, when the expectations were for the training to enable trainees to apply their knowledge to their work tasks. There may still be trainers delivering these courses, who are intent on providing information about the subject rather than focusing on the needs of individual trainees, and are therefore delivering education rather than training.

“ The role-playing in training was wonderful and really consolidated the material in my mind. However, if the training was like a lecture, I could have forgotten it” (*Social worker 13, SPD*).

“There was an opportunity to cooperate with the trainers through participating and raising questions and expressing opinions” (*Psychologist 7, SPD*).

Nevertheless, twenty-eight (72%) of the 39 who were interviewed and attended training courses confirmed that they were to some extent included, even if it were only a question and answer session, and were pleased that trainees were given the opportunity to ask questions at the end of the session. Some enjoyed open discussion at the end of the course. Role-playing was used in many cases and was considered to be a positive way of ensuring the training message was retained. There were eleven (28%) trainees’ comments that role-playing was wonderful and really consolidated the material and that if it was a lecture, it would have been easily forgotten. For instance, one respondent explained the activities at her training session, which she agreed was beneficial and enjoyable:

“I attended a training course which included all the sheltering centres as well as social workers at the Kingdom level. We discussed the cases and shared experiences and resolutions to some of the problems. We also discussed some cases which were anonymised. In addition, we role-played by dividing ourselves into groups, with one person in each group playing the role of the doctor, another the role of the social worker, and another the role of the psychologist, and so on.” (*Psychologist 10, AWA*).

Discussion of the cases was also welcomed by several participants, with ten (28%) reported that there was a presentation of abused patient cases discussed in the workshop, which she found a very useful training session. The interactive aspect of courses was found to be more memorable than the lectures, and several mentioned ways in which they were engaged. Eight (21%) social workers and psychologists noted they were presented with a scenario, divided into groups to discuss the scenario and come up with solutions, which they then discussed with the trainers. These more practical sessions were more often than not part of a workshop training course. Participants described where they attended a workshop where they divided into five groups and discussed a few cases such as practitioners’ expertise in dealing with abuse problems and the indications of abuse. All these activities were found to be enjoyable and memorable. The interaction within a workshop meant there were more opportunities to work in groups, which enabled informative discussions. Also, thirty-six (92%) practitioners particularly welcomed training sessions which were relevant to their work and were seen as offering practical support, such as workshops where

social workers could discuss the difficulties they faced and how they found ways to resolve these. Workshops and discussions on the cases and the roles of the social worker, psychologist and doctor in treating their problems were appreciated.

#### 6.4.1 Course Content

Respondents were asked to provide information about the content of their courses and it can be seen that a wide variety of training courses are delivered (see Table 6.4). At least 40 courses were identified and in most cases appear to be relevant to the needs of practitioners. However, it must be noted that they may not be available to everyone, and the quality of the delivery may not match expectations.

**Table 6.4 Training Course Content**

General		Skills	Personal Development	Child Protection
Child nutrition	Therapeutic methods for protecting women	The art of listening	Managing work stress	Child protection
Fighting drugs	Nursing traumatised patients	Gaining a child's confidence	Computer software	Abused children
KSA society guidance	Recommending treatments	Activating the hotline	Time management	Damage to children
Family disorders	International agreements	Communication skills	Delegating tasks	Protection laws
Sexual violence	Psychological and personality disorders	Home visits	Preparing reports	Providing consultancies to children
Forensic medicine	Legal regulations; Case diagnosis; Support groups	Statistics		Preventive measures for family violence
Psychology	Rehabilitation			Practical protection
Domestic safety	PTSD Referrals			Children's rights
KSA system	Legal cases			

As can be seen from Table 6.4 the majority of courses are related to general training. There are few courses that are directly relevant to child protection.

Three psychologists from AWA had attended courses on gaining a child's confidence and on violence in general, although they stressed that these were three or four years ago. SPD sent four psychologists on courses on activating the hotline, in statistics, family disorders, fighting drugs, computers, familial guidance in KSA society, support groups and the art of listening. A hospital social worker had received training in sexual violence, and also in forensic medicine and the kind of wounds a child might receive. NFSP sent social workers on courses on child protection, psychological aspects, child nutrition, legal cases, abused children, managing the psychological pressures of the job and how to provide consultancies to children. Social workers from SPD attended courses on case diagnosis, domestic safety, therapeutic methods for protecting women, psychological and personality disorders, practical aspects of protection, preparing reports, recommending treatments, home visits, and legal regulations. Training providers also attended courses to develop their knowledge and they had received training in nursing traumatised patients, post traumatic stress disorder, protection laws, time management, delegating tasks, the KSA system and international agreements. Seven training providers reported that they had also delivered courses on referrals, rehabilitation, preventive measures for minimising family violence, children's rights and communication skills.

“Now we are at the stage of developing four new training courses. These consist of the following. First, a training course for the safety of youth. These youth are a volunteering team, aged 14-24 years, and our purpose is to develop their leadership skills to enable them to lead the volunteering teams. Second, a training course on the communication centres. Third, a training course for psychologists in the Arabic language. Fourth, a training course about the criminal procedures in partnership with Prince Naïf University. Currently, we are working on constituting the four training courses and preparing the training portfolios, in addition to the training course at Prince Naïf University on children's issues which was offered for three days but we have now changed it to be more comprehensive and include family violence, therefore we have extended it to five days” (*Training provider 10, NFSP*).

It can be seen that there is still a lot of development course going on as the training providers try to meet the demands both of practitioners and of the system.

“There is a lack of training courses, or the training courses that are offered are not relevant to specialists. We are severely lacking in training within the field of violence” (*Social worker 6, SPD*).

“There is a lack of training courses in our field of work” (*Psychologist 1, NFSP*).

Yet despite the diverse courses, many still feel that they are not relevant to their needs at work. The course content must also depend on the availability of trainers and experts who can deliver. In order to build such capacity, the training providers are trying to identify trainees who may be able to cascade the training to others. This is a strategy which could improve the quality of the content, although there is the possibility that the new trainer may not have the teaching or training skills, nor the deeper knowledge required for confident and competent delivery of such a course. There is also evidence that the training providers are trying to improve the content of the courses by extending the duration of training programmes. This supports Lauder’s (2000) study which showed the importance of revising programmes to address new issues that may arise. They are considering child protection issues and adding areas such as family violence to existing courses. This is a positive sign as four training providers from MSA had noted that they had never received any training themselves in violence against children, despite it being so significant in supporting the new child protection laws.

It is important that training programmes which are supporting child protection should ensure that practitioners understand how to identify, report, treat and prevent child abuse. From the lists of training courses that practitioners have attended, it seems that many of these specific areas are being covered. There is, however, an indication that not all of these courses are available to practitioners across all the different departments and agencies. For example the school social worker was not able to attend a course at the hospital, even though it may have been relevant to her job role. One of the most critical areas for childcare professionals is being able to identify child abuse in its early stages (Grohman and Kauffield, 2013). Al-Muneef (2012) suggests that emphasis should be on child abuse prevention training. The courses attended, and the ones in development, do not indicate that enough is yet being done to train practitioners on early identification and prevention of child abuse.

#### **6.4.2 Course Value**

The respondents were asked to evaluate the training courses they had attended in order to assess their perception of the value of the training they received. Some were able to benchmark the current training programmes provided against those that colleagues had attended in the past and which they described as lectures. Now they felt there were some workshops included and discussions about the subjects raised with the trainers, so they felt they were more involved. Nineteen (49%) practitioners liked the idea that they were being asked about their needs at the end of a course, where they were encouraged to put forward ideas for future training courses. Courses run by specialists working in the field were most valued, especially ones provided by doctors who specialised in violence against children and in forensic medicine. These were areas where practitioners felt they could benefit from the experiences of others. Yet many of the courses were seen as inadequate, and led by inexperienced and poor trainers. Twenty-nine (74%) respondents complained that the training courses did not help them to prepare for working with abused children because the level of the training was very weak. For instance, the content of the course may be weak or it may focus on administration and not on application and practice. In addition it may not be relevant to the individual's current role, or it may not deliver enough information within the specialised area. They did not feel that it provided anything that they did not know already.

In addition, there is an indication that the training needs of practitioners are not being analysed effectively in order to provide them with suitable programmes to support their practice. It was mentioned by six (15%) practitioners that they did not benefit at all from the training programmes in KSA because they repeated the information that they obtained from programmes in countries like Canada or America, where they said the courses were more relevant to their work. Other fifteen (38%) social workers and psychologists mentioned the training they had benefited from abroad, rather than in KSA. North America was a popular choice for effective training, and much valued by some of practitioners. This may be because the KSA model was based on the American model of child protection, as mentioned previously. One training specialist from NFSP spoke of her training in a women's shelter in Canada, where she noted the

specialist care given to a woman whose child had died. She found that this included police support.

“There are many training courses but the one I really benefitted from was the training course in Jordan. I benefitted from others’ experience in the field of child protection. We also got to know the social institutions in Jordan. Protection institutions in Jordan have police for family affairs, as well as a complete executive team such that there is no need for sending letters outside the institution” (*Social worker 9, SPD*).

There were also other provisions in Arab countries, given that not all practitioners could be considered fluent in English, and this meant they could attend training programmes in Arabic speaking countries instead. As with the experience in Canada, the experience in Jordan showed that a more holistic and joined-up approach was being taken by the authorities. Jordan’s social work education has been shaped to some extent by the West, but within its professional make-up it incorporates traditional systems of care based on Arab family and tribal values (Al-Makhamreh & Sullivan, 2012). Two UK universities (Brunel and Reading) partnered with two Jordanian universities to develop social work education that was culturally relevant to Jordan, and to establish national standards (Cocks et al, 2008, 2009; Sullivan et al, 2010). This enabled Jordan to provide social work education that was contextual and relevant to their needs, unlike many other Middle East countries which have had to try and reorient their social work framework from Western approaches to more culturally acceptable frameworks (Soliman & Abd Elmegied, 2010; Al-Makhamreh & Libal, 2012).

“The courses that are in the form of lectures are very distracting and we don’t benefit from them. We soon forget what we have learnt on the theoretical course when it comes to actual application. What I like is the training course which I attended in the military hospital, on family violence because it contained workshops and the trainer divided us into groups to discuss our experiences in dealing with children” (*Social worker 21, SPD*).

A common theme was that the training offered in KSA was too theoretical and was not supported by practical application. Twenty-seven (70%) social workers agreed that the programme’s content helped in uncovering cases in general and in knowing how to deal with abused cases, but all were theoretical and the training definitely needed a more practical focus. It was evident that some courses were effective, but



this was where workshops were provided. The theory alone was not enough for understanding many aspects of child protection, as more practice was needed to reinforce the knowledge.

There were other indications that there may be an issue with the quality of the teachers or trainers. It was suggested that the level of training provided in the universities led to a low level of quality in practitioners. Ten (26%) social workers from NFSP and SPD stated that they received Master's degree students of low quality in social work and thought the problem of studying social work at university in KSA was that it lagged behind other societies. They felt that the university educators did not have the specialist knowledge for child protection, and that more experts in the field should be trained to teach. A manager at NFSP reported that they had transferred their training to Kuwait, where there were specialists in the field of child violence.

“Most of the training courses are concerned with the social side rather than the mental side which doesn't meet my professional needs.” (*Psychologist 1, NFSP*).

“The training programmes and courses didn't attain the required level to be compliant with our professional needs. To be compliant, training providers must take into account the experiences of the workers in the field of child protection and protection in general.” (*Social worker 4, Hospital*).

This perceived lack of expertise may be one of the reasons why, although twenty-seven (70%) of the respondents were very clear on the training they wanted and needed, there was a continuous theme of such courses not being available. They complained of training programmes and courses not attaining the required level to be compliant with their professional needs, that the experiences of the workers in the field of child protection and protection in general were not being taken into account when providing courses. There was also a call for workshops that suited the social work specialist's work, because they felt that most of the workshops were for psychologists.

“The training is sometimes not specialised in the topic of violence against children” (*Social worker 10, SPD*).

“Most programmes were administrative or focused on fields other than child protection” (*Social worker 3, SPD*).

“The MSA provides some of the courses. For example, it provided a training course for the social workers about how to deal with your authorities in the SPD. I had to question what the advantage is of this particular training course” (*Social worker 15*<sup>28</sup>).

In the field of child protection, the main complaint was that there was not enough training on how to respond to violence and many participants stated that about 50% of the training was relevant but did not include violence and how to deal with it. It was reported by twenty-two (56%) practitioners that they did not like any of the training courses they attended and the relevance of the courses must be considered as to how beneficial they are to the practitioners. This appears to be a recurring theme.

However, when the courses are relevant, they are usually well received. Seven (18%) social workers confirmed that they liked the courses for the child support line and there was nothing they did not like because they attended training that was relevant to their field. Where training is seen as useful to the participants, they feel the programmes are enjoyable and worth attending. The quality of the content is more valued than the quantity of courses available, and this is especially where the practitioners have the opportunity to choose which training they want to attend, with comments mentioning that they liked all the courses because they selected them according to their field. Several respondents noted their concern was with the content of the training course rather than the number of courses. This was reiterated by others who said they liked all the programmes because they registered only for those programmes they were interested in and in their own profession. It supports the argument relating to the significance of relevant training.

Even when relevant, there may be occasions when more is needed. There were comments from eighteen (46%) participants about training courses being useful only for refreshing the information practitioners already had. In terms of professional development, training should be ongoing to keep people updated. Child protection and violence training are not being covered adequately in the courses, yet these are the areas where the focus now lies, due to the new protection laws. When asked about the usefulness of the training courses they had attended, social worker practitioners gave their perspective.

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<sup>28</sup> Institutions cannot be identified due to the confidentiality agreement.

“The training was useful but there was no training at university on child protection and abuse. I was expected to deal immediately with the emergency cases, but I didn’t have any training course about violence against children. Training can increase the practitioner’s knowledge and it allows the practitioner to share experiences with the specialised practitioners. As I am new to this work, I need more training. The work has no limits because of its variation and development but there was no training on the topic of protection before practising the work” (*Social workers 7, SPD*).

Some practitioners may have agreed that training courses they attended were useful, but they also argued that they were not long enough. Others around 28 (72%) said that because most of the courses were short-term, there was no significant benefit. For instance, they felt courses of two or three days were not sufficient and did not consider them training courses but rather lectures. Courses were not more than 3 days from 8am to 12pm, which was insufficient to prepare the practitioner.

“Excellent but the training course is of only brief duration while child abuse is an extensive problem that needs a lot of detailed explanation over more than just a day or two. I think such courses need to be very intensive and the course should run for five to seven days” (*Social worker 23, SPD*)

From the responses received, it is not certain that longer courses would currently fulfil the need that practitioners have. The complaints about the short courses may simply be transferred to those of a longer duration unless the training were relevant and the trainers experienced. It was again suggested by thirty-three (84%) practitioners that the more practical workshops were better than the lectures and most expressed a preference for workshops run by practitioners in the field.

These evaluations provide the information from practitioners that is needed to reflect on ways in which the professional training programmes may be improved. Using the ToC has enabled reflection on these evaluations, which may lead to organisational change. It has especially highlighted the relevance and length of courses, which are areas where reflection about change could lead to improvement.

## **6.5 Training Issues Identified**

### **6.5.1 Participants satisfaction**

Eight (20%) of the practitioners expressed full satisfaction with the training provided. Another four (10%) respondents qualified their satisfaction rates and responded that they were somewhat satisfied or between satisfied and not satisfied. As previously mentioned, this was often because training courses were presented in the form of lectures. There were seven (18%) who commented they had not attended any training courses so they were unable to answer the question as to whether they were satisfied with their training or not. A substantial proportion of seventeen (43%) practitioners claimed they were dissatisfied, whilst three (8%) responded that they were neutral, with one comparing the child protection programmes negatively when compared to the training offered by the NFSP.

### **6.5.2 Training needs**

Respondents commented that there were training courses from places such as the Institute of Public Administration<sup>29</sup> (IPA) in the form of symposiums, lectures and workshops but the opportunity to attend such courses was very limited and this was because of unfair nomination. They explained that people were nominated by their employer or by the MSA and psychologists needed to show a minimum number of hours attended on their card. As the NFSP Report (2013) indicated, social workers were allocated only 3% of the spaces on child protection training programmes.

It is clear that this is causing many practitioners concern as they feel the need for training. There were indications that practitioners were not kept informed of training opportunities, and that relevant courses were not made accessible to them. Thirteen (30%) respondents complained that they knew nothing about any training courses and when they sought out educational courses at the hospitals, they were told they were only for hospital employees, not for them. Another twenty-six (67%) social workers highlighted the fact that lack of training for practitioners had been an issue taken up by the media and it was only then that some action was taken and that some courses were provided. They declared that they were very upset because there was no action on training until after dissemination in the media.

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<sup>29</sup> IPA is an institution that is running a variety of management-related training programs through agreement with the American Management Association (AMA) and the Management Center Europe (MCE). However this institution is not providing training on child protection, just training for improving professional skills in general.

Twenty-eight (71%) practitioners were hopeful that the new procedures would mean more training courses in the future but a number reported that in the past they had never been offered any training. Even from those that expressed some satisfaction with the training provided, there were still complaints that courses were irrelevant, highly inefficient and needed improvement. Comments from seven (18%) respondents working in SPD suggested courses were good but infrequent, but fifteen (38%) in the same department felt there was a complete lack of training on offer for practitioners and professionals. This may reflect the different job roles as shown in Table 6.2, as some participants from SPD may have a more administrative role.

Practitioners spoke of issues they had encountered with managing their training. They were sometimes refused permission to attend courses, or to attend more than one course per year. The course they were allowed to attend may not meet their needs. In many cases the timing of the training courses was not suitable as it conflicted with work time or they worked shifts. Other practitioners were limited by the distance to get to the training course premises. Some training was held at locations outside Riyadh city, which made it very difficult for women to attend as they were not able to drive.

The issue of gender was also raised by the participants. In KSA society it is not acceptable for men and women to mix and one practitioner noted that there were no internal programmes in the SPD to benefit the workers and most of the training courses provided were for females only.

“There are no internal programmes in the SPD to benefit the male workers, most of the training courses are for the female section. These are provided by the director of the SPD because the number of female social workers exceeds the number of male social workers” (*Social worker 8*)<sup>30</sup>

This was clearly evidenced also in this study, where just seven from the total sample of two hundred and fifty-six were male. This small proportion of males to females is reflected generally within social work generally and, in particular, in child protection. Although, social work in KSA is not gendered, some of the male participants felt they did not receive as much training as their female counterparts. This varies from

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<sup>30</sup> Institutions cannot be identified due to the confidentiality agreement

institution to intuitions, as some institutions have mixed workers so, their professionals get the same amount of training. This study was also conducted with female educators and trainees on social work degree programmes, due to the cultural sensibilities of research in KSA, where a female researcher may not interview the males. However, it must be acknowledged that working in child protection is mainly located within a female environment.

“It is very necessary to uncover cases of violence against children as quickly as possible. The professional training courses are highly necessary because they can highlight the variables and developments in the field of violence locally and internationally. It is very important to us to have theoretical information about how to deal with real-life situations. I think it is very important for the practitioners to attend such training courses where they can benefit enormously from the experiences and solutions of the others. However, attendance is not enough without legal powers.” (*Social worker 19, school*).

Although the concept of participation in professional training programmes may be positively viewed by participants, there were still concerns that the support for implementing any new procedures was not yet available. There was a risk that any benefits received from the training courses may subsequently be lost if the practitioners were not able to carry out the practices they had been learning.

“It is very important to adjust our practices for responding to the problem of violence against children. We can’t deny that there have been big developments in child protection practices over the past two years. After the issuing of the protection from abuse law, we obtained the power to protect the child. However, some social workers need some support to be effective in cases of violence against children. They also need to acquire the skills for dealing with children because such cases are considered to be new, that is, they did not exist in the past” (*Social worker 13, SPD*).

It is also acknowledged that there are still many problems with the protection laws being relatively new. They have not yet been fully understood and full support for dealing with the cases appears to be lacking. As discussed in the previous chapter, there is a shortage of experts in child protection in KSA and this may also be leading to misunderstandings about the powers that social workers do have.

## **6.6 Benefits of Training**

In order to counter the issues identified, practitioners were asked about the benefits they expected from professional training. One of the advantages of having such training, which was expressed by thirty (77%) respondents, was the opportunity to share experiences. Interaction with others was seen as a way of increasing their own knowledge, and they felt it was very important that they could acquire experience, exchange knowledge and learn about all that was new in the field of child protection. Discussion about specific aspects of their practice with others who had already experienced such events was considered especially beneficial in expanding their knowledge, and their own contribution made them feel included and valued. They liked contributing information and examples about how to deal with children and their problems. This was likely to increase their confidence and provide confirmation that they had tackled the problem in the right way, as a psychologist stated:

“It is very important to have the confidence to respond to the problem of violence against children” (*Psychologist 2, AWA*).

This raises an important question on how the social work training curriculum balances knowledge and values. It is interesting to see that the practitioners felt that the acquisition of more knowledge added to the value they placed on themselves. The majority of respondents (90%) stressed the importance of these training courses:

“It is very important for practitioners to attend because we receive very difficult cases of abuse and molestation such that you are unclear about how to deal with them. The training courses enable the practitioner to benefit from the experience of others in handling such cases. For example, we really want courses to increase practitioners’ awareness of abuse indicators other than the obvious physical signs” (*Psychologist 7, SPD*)

Knowledge is at the forefront of minds when training is suggested, and many participants spoke of wanting to find out more about all the new professional practices, policies and procedures to be followed for each type of violence. This was a concern to many as they felt many changes were taking place, both in policies and how they were meant to deal with unfamiliar and different kinds of violence. Knowledge can be experience-based and is shown through being able to apply skills and techniques (Lam, 2000). The training programmes are consequently considered to provide both knowledge and, where they had the chance to interact with others, experience. Trainees told of how they increased their experience and knowledge, and improved their practices for dealing with children and issues of protection.

Thirty-three (85%) social workers and psychologists stated that the benefits of the training sessions were that they gave confidence in knowing how to respond to problems. In addition, knowledge can also be at organisational level, where organisations determine and shape the learning required for work roles (Lam, 2000). There was acknowledgement that relevant training helped with opening minds to new understandings, and that it was necessary for practitioners to attend these training courses to update their skills. The twenty-seven (69%) respondents emphasised that they needed to learn about different areas and, as can be seen, this may be because many of them are transferred from working in other institutions. Consequently, they may feel a constant need for updating their knowledge to deal with specific issues, and training may offer them reassurance that they are dealing with these issues in the correct way. The third type of knowledge is societal knowledge, where societies decide the education and training systems required for their communities (Lam, 2000). All of these interact with each other to determine the programmes most suited to their communal needs.

Training is also self-development and is seen as important for professionals. Respondents speak of the importance of training for people who want to develop themselves, who want to develop in their work, and who want to provide the best possible service to abused children in a professional manner. The aspect of personal development was advocated, indicating that working with child protection was more than just a job to many, and that they took training and development seriously. A training director from NFSP added that they needed to develop both technical and soft skills, as well as communication and learning how to respect others. There were also indications that some practitioners had not received any such training, with 20% of them declaring that they hoped they would be able to attend such courses to develop themselves. Twenty-three (59%) respondents said few courses were available, and another fifteen (38%) said there was high demand for training so not everybody could attend. Four practitioners from AWA admitted to being very upset at the lack of places on courses, one saying that it was because there was a failure to meet both professional and personal requirements. In addition, there were ten (26%) practitioners who felt that some of their colleagues had a negative attitude towards self-development, as the system did not encourage it.



“I would like to note an important problem confronting workers in the MSA. They are constantly being transferred from one social institution to another which reflects negatively on the practitioner because, after gaining experience in one place, he is transferred somewhere else to start again from scratch. This means that some practitioners feel no incentive to develop themselves because they know that they will simply be transferred to another department after four or five years” (*Social worker 8, SPD*).

In order to encourage professionals to attend courses, a training provider from NFSP told how they uploaded positive comments on their website. A director from AWA suggested that some practitioners did not like to be developed, and an SPD social worker pointed out that some were attending courses to obtain points for promotion and solely for an attendance certificate. As mentioned earlier, the transfers between departments meant that there were often gaps in knowledge as practitioners had not gained any expertise in the areas to which they were moved. Whereas some may have seen this as an opportunity for self-development, this may not be seen as a benefit by others.

“The more training courses we take, the more knowledge we gain for dealing with calls, finding solutions, and providing proper consultations. We need on-going courses especially since humans are forgetful. And such courses are like a breath of fresh air. They break the routine of social work in the child support line” (*Social worker14, NFSP*).

The need for time to spend away from the front line was also regarded as necessary for the social workers, although quantity may be perceived as more beneficial than quality for reasons more related to the stress of the job.

Although career progression has been identified as a reason some attend trainings, this attitude may have related more to the previous programmes, which covered more general social work. According to nineteen (49%) practitioners, there was a big difference between the previous programmes and the current ones, especially after the 2013 law was drafted. They believed that now all parties were interested in attending the training courses to learn about the best way to respond to child abuse. This may be because child protection has a high profile in KSA at the moment, and there is what Al-Sakrna (2011) refers to as a ‘deficiency of specific skills’ in the practitioners to respond to child abuse.

Organisations may also wish to choose relevant courses for their employees, but may not have the resources to provide all the training requested by their employees. Twenty-seven (69%) of social workers explained that there was sufficient explanation on protection and related laws and procedures but no development courses for practitioners on how to deal with cases effectively and efficiently. Social workers employed in schools appeared to be particularly affected by this. Seventeen practitioners (32%) noted that employees were not allowed to attend more than one training course per year, as the employer refused to give them permission. Although training needs may be determined at institutional level (Al-Talbani, 2012), they also need to be determined at job level (Abu Dawla and Ayoub, 2003). It was reported by thirty-five (89%) that the course was not customised for the practitioner and their needs. As suggested earlier, individuals may be looking to attend multiple training courses without assessing their actual needs. A training provider spoke of his own personal experiences after attending a training course, and how he was then able to cascade that knowledge down to family and community level:

“Having the training courses at the family and community level was a great advantage. At the family level, I personally became aware of the problem of violence against children and I am applying that awareness to my own family, my own children and the children of my relatives. Previously, children were educated by hitting and beating them without awareness of the harm but today there is more awareness about not being allowed to hit the child. And at the community level, awareness is raised through the workshops which I provided on ‘Al-Jenadriyah’ day in KSA about abused children and how to protect the child from the housekeeper or the driver and from others inside the family. KSA households are large and contain up to 20 individuals of different ages. We therefore need to spread awareness among the community about the importance of protecting children from their families and from themselves too, and about the importance of supervising and managing them, because most of children’s problems arise from their home situations” (*Training & development co-ordinator 6, NFSP*).

Practitioners were aware of the benefits of professional training and many understood the importance of training. They felt they gained in knowledge and experience by attending the training courses. There are indications, however, that the relevance of that training has not been fully comprehended and that many practitioners may perceive all training to be beneficial. An NFSP social worker noted that the diversity of training courses enabled them to be more creative. It was observed by twenty-four (62%) trainees (practitioners) that 70% of the courses were so far from their area of

specialisation that they wondered why the MSA provided them. Yet the demand is high as shown by the limited availability on courses.

“70% of the training courses are so far from my field of specialisation such that I wonder why the MSA provides some of them. For example, it provided a training course for the social workers about how to deal with your authorities in the child protection institution. I had to question what the advantage is of this particular training course” (*Psychologist 5*)<sup>31</sup>

Nineteen (49%) practitioners spoke of attending lectures and seminars relating to family violence in order to prepare them for their role in child protection and others had attended conferences and workshops. Training courses on violence were provided by the NFSP, who were applauded for their support. One respondent said:

“I attended a training course on the support line three weeks ago. It was wonderful and useful, as the trainer was from the USA and we benefitted a lot from him as they have over 20 years’ experience in this field [in the support line]. A practitioner from the MSA joined us. Most of courses I attended were from the NFSP, including the law courses. In fact, the administration sends specialists to attend every course on violence so that they can develop” (*Social worker 14, NFSP*).

A few practitioners (23%) expressed the benefits they received from attending training courses provided by the development management affiliated to the MSA, whilst others attended courses in the military hospital or their institution. One social worker had spent three months training with a psychiatrist in Riyadh, potentially identifying areas she needed more training in, whilst providing a valuable opportunity to understand some of the issues encountered by victims of abuse.

## **6.7 Professional Development**

### **6.7.1 Specialisation**

To provide more insight into the programmes being delivered, fourteen training providers were interviewed and asked to explain their own background. They came from NFSP, SPD, the MSA and the hospitals. The majority of providers from NFSP did not have any background in social work and were limited to the theoretical aspect, or had simply read some legislation. They lacked any academic background in social work and suggested that their knowledge came from working on the training courses.

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<sup>31</sup> Institutions cannot be identified due to the confidentiality agreement.

None of training providers had any experience in child protection and they confirmed that their role was just to deliver the courses. This indicates that the training providers have little understanding of the issues that may arise in working with abused children, and that they are unable to provide the expertise required, as their knowledge is limited to theory. However, this is not limited to KSA as many other countries use trainers without specific expertise, as they are required to provide training on a range of issues.

### **6.7.2 University Education**

There was recognition that improvements were needed to support practitioners in the field of child protection.

“I think it is necessary to make a specific field of violence against children in the universities and to have students do a master’s or doctorate degree in this field because this field needs professionalism. We also need to send some specialised students in the field of violence against children to study/work outside the Kingdom of KSA who will come back and benefit their country. Unfortunately, there are some students who have graduated from universities outside the Kingdom of KSA with the specialisation of child protection against abuse but instead of benefitting their country with their experience, they benefit only themselves. Also there are some students in the Kingdom of who don’t understand their specialisation and there are others who try to undermine this field. But they don’t get a chance to practise this specialisation which leads to an aversion towards this specialisation. And when this specialisation is wanted, there are no local specialised programmes in this field to address the problem of violence against children” (*Training provider 5, NFSP*).

Suggestions came from all areas on ways in which respondents felt the training programmes could be improved. These focused first on the initial educational courses at the universities. Training should start with social work students at university and the NFSP does open their courses to them, but they do not allow them on the more intensive child protection ones. Three training providers from NFSP felt that students could not benefit from any field training in KSA as the standard of the training was so poor. They suggested that there should be assessment of skills that students had acquired from the training and measurements would then indicate that they had gained from the training. There were also calls for the university curricula to be updated in line with developments in child protection, as students were not being properly prepared. This may link to the reports of new social workers coming from

the universities not having the skills and knowledge to carry out their roles. The students are not being served well if they are not getting the up-to-date education from experts at the university nor getting the field training to enhance their knowledge. However, the main focus was the need for students to specialise in child protection, and there are suggestions on how to build capacity.

### **6.7.3 Course content value**

Practitioners were not always satisfied with the training they received, as they felt that there was no proper plan in place for the programmes. It was argued by eighteen (46%) social workers that all parties should work together to deliver reliable and specialised programmes that all practitioners could access. There were also calls for the course content to be improved as it was not meeting the needs of the trainees. Seven out of fourteen of training providers agreed that some developments were needed to improve the course content and suggested looking at the scientific content, the terms and vocabulary being used. They gave as an example that, whereas the definition of violence may not change, the reasons for violence may well do so. Another suggestion they made was to ensure that courses delivered in different parts of the country should respect their culture and therefore KSA trainers would be better, as they knew more about their own community. Apart from extending the duration of the courses, a number of people wanted more experts to deliver the training. On the other hand, there was an example from one of the training providers who explained how they were trying to improve the delivery:

“It can be developed through committees which include many experts from different fields such as sociology, psychology, law, and education. It can also be developed through ‘the experts’ database’ which I am working on now. Annually, no less than 96 experts are elected from the conferences, training programmes and institutions that are working in this field to stand on the current committees. These committees will decide whether this course and that trainer fit with our objectives or not. We explain that their names will get on the register so that we can hire them to participate in the studies pertaining to the protection of the child as well as in the conferences and training courses. We also capitalise on their expertise in consulting and in developing the training programmes. We create an electronic sample on the NFSP website which will be available for the experts to register themselves and to share their experiences” (*Training provider 14, NFSP*).

#### **6.7.4 Qualifications**

One training provider from the hospital suggested that the requirements of the training practitioners should be taken into consideration, and their experiences noted as well as any previous training courses they had attended. This would avoid repetition and ensure that they were provided with useful training in the future. Others wanted more workshops included so that the programmes became more training for work roles, and they could benefit from the practical experiences of those who were working in the field.

“We need to establish workshops and be under the supervision of practitioners rather than academic personnel because the practitioner has a better understanding of the reality of the abused child and has experience of many cases” (*Social worker 25, Hospital*).

#### **6.7.5 Suggestions for professional training**

The need to improve is highlighted by the comments from one training provider, who states that the performance of the professionals needs attention. She tells of practitioners having to wait for up to a year to discuss with the trainers problems they confront with abused children. The issue appears to be a shortage of professional training in the field of child protection which is preventing many of the proposals and recommendations from practitioners going forward. Eleven (28%) respondents had strong views on the training and qualifications of people working in the field.

“Some of the practitioners have low abilities for working in the SPD, in my view. Therefore only those who have a lot of experience of working in the field of family violence against children should be employed and those who don’t have any experience in this field should not be employed. The social workers who deal with the abused children must have the necessary skills for this work” (*Training provider 13*)<sup>32</sup>.

Four training providers from the MSA have drawn up a list of what they would like to see in training programmes. These may not be what other departments need, but they do show the variety of courses practitioners want to see developed and delivered. They include the concept of violence against children and its implications, personality traits, scientific theories, latest studies in the field, authorised agencies in treating these cases, the role of the agency in protection, using illustrations and stories as tools, child psychology and basic skills for working with abused children. Few of

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<sup>32</sup> Institutions cannot be identified due to the confidentiality agreement.

these are currently offered and it indicates that there is an unmet demand for specific training that will enhance the work of practitioners.

In addition to training courses, further training or advice was provided through pamphlets distributed by the Ministries and agencies themselves so that workers could keep updated on procedures. Participants were given circulars from the Ministry of Education with guidance on how to deal with cases of family violence against young people. According to these circulars every case of violence should be investigated, and the child interviewed. If it is a serious problem, then the SPD is involved and takes over the case. Other circulars were distributed giving advice on confidential consultations for those calling the Child Helpline and also the mechanisms for dealing with cases of abuse with agencies being listed for self-referrals.

There is evidence from the practitioners that training for child protection may be an on-going development process, as some comment that the KSA community is a community with varying layers and cultures and so practitioners must be trained to adapt and deal with all layers and cultures. Training not only teaches new skills, but it can also modify actions and behaviours (Balout, 2002) and this can help practitioners approach their cases from a different perspective. In addition, there was agreement that practitioners needed not just knowledge but also skills, which could only be gained from practical experience. One social worker noted that knowledge alone was not enough without practical experience and applying the knowledge to reality. Some of this was related to culture as a social worker stated that she had difficulties in applying what she had studied at university because of the culture and traditions of the KSA community where there is a refusal to interfere with others' personal lives. Twenty (37%) practitioners and training providers suggested that this lack of education and training in how to deal with family violence may have been because KSA society refused to accept that this was a problem:

“Social work has a very big role to play in protecting children against violence and abuse but we weren’t given the scientific basis for how to deal with and protect the child from violence during our studies. There is no acknowledgement of this problem in KSA society in general” (*Social worker 12, SPD*).

The task of training providers is to enhance professional development and is an evolving process (Zoelf, 2003). It is therefore important that the providers have a

good understanding of the issues involved in their training area. This usually means that they would be required to have some expertise gained from personal experience of carrying out the job role themselves. Training is expected to provide individuals with the skills and experience to carry out their role more effectively (Al-Ta'ani, 2010). The quality of learning may be limited by the limitations of the trainer in terms of experience (Tikly and Barrett, 2011). KSA is not the only country to have this challenge, as it has been recognised among health professionals in North America, Australia and Europe (Al-Darwish et al., 2015). A solution has been to introduce collaborative practice, where inter-professional discussion workshops may include health care professionals as well as patients acting as workshop facilitators (Al-Darwish et al., 2015). This may not be the right model for KSA, but efforts to include some experienced practitioners alongside the training providers may produce more effective training sessions.

Many of the respondents (70%) commented on the gap between the academic theory and the real problems they are confronted with, arguing that reality was contrary to some of the information in the books.

“There is a big gap between the academic theories we studied at university and the application of these, as we didn’t actually do what we had been taught theoretically to do” (*Social worker 11, NFSP*).

“I want to mention a very important point which is that social work education and psychology in KSA is really poor. We did not take any courses on child protection so I wish that in future planning they set a separate curriculum for child protection in universities, so that practitioners have enough skills, expertise and information to deal with the problems before getting to the field and formally confronting each case” (*Social worker 20, SPD*).

Some suggested that the theories they studied hindered their dealing with a case as they encountered severe difficulties in applying theories which impeded the definition and analysis of the problem. The training provided on child protection at the university for social work students lasted for only one term over the four year course and it was also argued that more could be done in the universities themselves to prepare young graduates for working in the field.

Interviewees agreed that they gained much from the practical experience they had in working with abused women and children, and felt that these experiences and actual



practices helped them more in their careers than the education they had received. The practical side was not only in dealing with the abused children, but also with carrying out interviews, writing reports and conducting investigations. It was mentioned that every day would bring a new case with a different problem and requiring a different type of therapy. Working in a hospital taught some workers how to admit cases and take calls, and to make decisions about what kind of consultations they needed. Although dealing with a different age group, one respondent told how working with senior citizens helped her because the objectives were the same, namely providing care and services to those who needed them. However, despite the experiences gained with working across different fields, some do not feel they are developing enough to carry out their job effectively.

The answer to being able to deal effectively with protecting children under the 2013 protection laws is suggested by forty-eight (90%) interviewee, who commented that they now had the laws for protecting children against abuse but they did not have the mechanisms to apply these laws. In their opinion they would benefit from the experience of developed countries in protecting children against violence and learn from them how to apply the protection mechanisms of the system in a professional manner. The concept of learning from other countries and the ways in which they deal with protecting their children is perhaps a consideration. One social worker spoke of attending a conference in Oman and speakers from a family consultation centre there surprised her when they said they had a law stating that any case must not take more than one week. The practitioner was surprised at how quick this procedure was. She commented that in KSA it took nearly three years to make similar decisions, although they were more developed than Oman in the policies and procedures of protection, and KSA had started their child protection initiatives before Oman.

There was a call for more training courses, which practitioners felt were needed for knowing how to respond to child protection. There was also recognition that more training was needed to counteract the changing needs of working in child protection. It was suggested that a national work team could be established to lead training in child protection and identifying violence in the KSA community. Some initiatives are being introduced to provide more training, though there is no indication that this will be the expert child protection and relevant training required. It was noted by training

providers that NFSP delivered 6 courses per year, and were planning on extending this to twelve training courses per year. This was set out in a new training strategy, still under review. The training courses would be available online and professionals would be able to attend the lectures without needing to book a place and would then receive an approved certificate. It was commented by thirty-four (64%) practitioners and training providers, something needed to be done to increase the number of training courses relating to child protection because violence was a significant problem in the KSA community. Training was perceived as an issue, especially due to the numbers of cases of violence now being identified.

“Although there is a movement against violence towards children in the Saudi community, still more training courses are needed because it is a new field for us here” (*Psychologist 4, SPD*).

In general the interviewees acknowledged that progress was being made, although there were still many areas which needed to be improved.

#### **6.7.6 Changes needed**

Procedures are being improved, but it seems that they are taking too long to implement. Cooperation with other agencies is also viewed as having improved under the 2013 protection laws, as previously practitioners had no response from authorised institutions and human rights agencies. New procedures are commended.

“There has been a big improvement in the programmes and services over the last two years. For example, we have a crisis phone line that calls the police and withdraws at-risk children from their families” (*Child line worker 2, NFSP*).

“It is very important to adjust our practices for responding to the problem of violence against children. We can’t deny that there have been big developments in child protection practices over the past two years” (*Social worker 17, SPD*).

Practitioners have noted a big improvement in the programmes and services over the last two years. They now had an emergency phone line direct to the police and they could withdraw at-risk children from their families. There is acknowledgement that

progress is being made and improvements take time, although it may be a slow process.

Changes in practice are viewed as being necessary, with some concerned about applying invalid policies to current problems. This shows the need for systematic processes and procedures within a unified system at government level. In this way all practitioners could feel confidence in applying the correct procedures. One practitioner confessed that she was not very familiar with the subject of child protection.

“Definitely there is a need for changes in practitioners’ practices and for the practitioners to develop themselves and improve their confidence, especially in the field of child abuse. Also, there is a need to create short training courses from abroad for the child support line” (*Social worker 14, NFSP*).

“I think from time to time we meet new cases that we cannot deal with professionally. Changes in professional practices are very important for responding to new cases with confidence” (*Psychologist 3, SPD*).

Forty-four (83%) practitioners and training providers welcomed changes as useful, and suggested these would help uncover more cases of abuse, as well as make all stakeholders act and respond in ways that would protect the child.

“The process of change that the profession is undergoing requires that we have qualified specialists in the field of child protection rather than using improvised methods to protect children from violence. Practitioners need to subscribe to a common culture in order to protect the children from violence. Practitioners also need to use a common language so as to have a dialogue with other practitioners based on local culture. All practitioners need to adhere to it in order to attain their goal, which is to protect the children from violence, rather than serving the personal agendas of the practitioners” (*Social worker 22, School*).

“There should be specific mechanisms for applying the system of child protection and there should be continual communication between the SPD and the practitioners in the hospitals. The social workers and psychologists need to have training courses from the officials of the SPD in order to understand how to deal with the abused cases, because they are the executive agency for the system of child protection” (*Social worker 25, Hospital*).

Social workers gave details of the changes needed that included having professional and well- trained practitioners. This was further supported by the comments from other social workers that most of the solutions they used were just based on the personal diligence of the practitioners and they did not have set mechanisms to guide them in the right direction. Communication and training were perceived as being those most in need of change in practices. Several comments were that all sectors involved in child protection should be working closely together, and that they should learn from each other as they should not depend entirely on training sessions.

KSA culture was regarded as an impediment in many cases and there were comments that awareness of social protection, violence, protection laws and legislation needed to be increased. An example was given of a family being able to refute a school's assessment that a child had learning disorders, and denying the help that was available. This was then applied to the context of violence. It was suggested that KSA culture put the family above any external support, even when directed at improving conditions. Yet there are signs that this cultural aspect may be benefiting from the changes taking place, and it was noted that more attention paid to the child's rights may break the concept of parental ownership of their children. Some of practitioners (41%) confirmed that in their work they had noticed improvements taking place in recent years, particularly when compared to their early work in child protection.

Perceptions are that there have been developments and these are positive. However there still remains much to improve. Further clarification of the child protection laws was suggested, as well as more training courses from abroad, where child protection was more established. It was stated that 80% of the services being provided in KSA resembled those of American protection centres and several interviewees mentioned that they were proud that KSA now had the same reputation and responses to child protection as developed countries. Comments were made that in their new policy of protecting the child, they considered the child's situation as if it were an international problem, not just a Saudi one, and they therefore worked to international standards and conventions, although these must also be compliant with Islamic principles. According to Holtzhausen (2010) more progress has been made on incorporating Western values with Islamic principles and a model for social work education is now used in the Arab world. In some countries there are already concerns that one ethnic

group may dominate the others and not enough attention is paid to the other cultures (Lyons, 2006). This is why it is important to have a more global outlook on social work training (Harrison and Melville, 2009) so that it is not influenced by the values of one specific culture. However, Gray and Fook (2004) argue that there are such wide disparities in social work practices and values that trying to generate global standards may actually mean that attention could be deflected from the work itself and therefore impede progress on practices in the field.

Having a professional association in KSA would enable it to become a member of the International Federation of Social Workers (IFSW) and the social worker educators would then be eligible to join the International Association of Schools of Social Work (IASSW). Currently the Social Work Colleges in KSA are individual entities and there is no special body to represent the social work sector. Membership of an association would enable social work practitioners and educators in KSA to link to thinking and other people around the world, including Arab countries, so that best practice could be visualised and shared. In this way debate about practices could be explored and encouraged and ways of adapting training and practice to suit local cultures could be developed.

## **6.8 Summary**

This chapter has explored the benefits of the professional training programmes in child protection and the practitioners' responses in evaluating the training they have attended. There is general agreement from 50 (95%) practitioners that training courses are important for professional development, but many practitioners are disappointed with the programmes they have attended. Although there are various reasons given, a constant theme is that a lack of expertise in the field of child protection means that the courses are not addressing needs. Limited numbers of places on courses also lead to many missing out on training, and there is concern that some of the places are being taken by participants who have no need to be there. The courses themselves are often not covering topics directly related to child protection, which may be the effect of not having expertise in this field. As Farndale (2011) identified, relevant training is essential for increased employee performance, and this may lead to practitioners

being able to carry out their work roles more effectively. Surprisingly, child abuse prevention courses are not mandatory for those working in child protection.

Many practitioners stated, for example, that they did not have enough training courses on child development. Evidence suggests that this is also the same in the UK (Munro, 2011; Brendon et al., 2011). Others noted that there was no intensive training course relating to the protection of abused children and that the training courses on offer were not relevant to specialists, that there was a severe lack of training within the field of violence. It indicates that a shortage of specialists in child protection has limited the number of courses available to practitioners in this field, and this may have an impact on the knowledge and skills of practitioners.

It is a matter of concern for many interviewees that people qualified in child protection are not available, and it was suggested that the institutions which have decision-making powers do not have qualified, professional personnel to protect children against violence. Although the 2013 legislation met with approval, there was still disquiet about the abilities of those tasked with carrying out protection duties. Social workers mentioned that now they have a new system of protecting children against violence, but wondered about the availability of institutions and practitioners who were specialised in protecting children from violence. They felt that KSA had not yet reached that stage.

This suggests that some of the training may not be appropriate and may not produce the required and anticipated benefits. The emphasis may be on discussing child protection cases during the training, but without a better understanding of the laws surrounding the field of child protection, the trainees are not making full use of the specialist programmes. In addition, this may also be a point of frustration for those who do have a good knowledge of the laws, as much of the time on these courses may be wasted in explaining legal implications to those without such knowledge. It is also a concern that some practitioners on these courses have been chosen to attend specialist training to support their job role, yet they do not have the legal knowledge required for their professional position. This implies that there is a deficiency in the training on the child protection laws and that more focus may need to be placed on this before specialist programmes on specific cases are arranged.

Practitioners observed the shortcoming was not from the department's management in the institution, but rather from the practitioner him or herself. Training is an ongoing requirement, as Abdelgadir and Abdelhafize (2001), and Zoelf (2003) note, especially for professional jobs. Yet Al-Halwani (1999) warns that training can be viewed as a waste of time unless it achieves required results. However, the importance of training is that it enables people to be more effective and productive (Falwki, 2004; Al-Ta'ani, 2010) by making small changes in the way they work. They can then improve their performance (Kashiw, 2010). It is more than simply imparting knowledge and skills, as it helps people evaluate their own role and their ability to perform that role.

It is important to take into consideration the views of some of the practitioners that training programmes should come from other Arab societies as this is acknowledging the difference between the Western approaches to social work and the Arab approach. The role of cultural attitudes is embedded in KSA society and that makes it difficult to adopt all the practices that Western cultures accept. For example, training needs to be sensitive to family decisions and how to deal with these. This is not to say that children will not be as well protected in Arab societies, it simply means that practitioners need more guidance on how to deal with specific cultural sensitivities when dealing with child abuse. Additionally, as mentioned previously, Arab societies are very much driven by oral interactions and gain more from face-to-face communications than from information presented in written format.

The practitioners themselves have offered suggestions on how the professional training may be improved, and they recognise that they need to build internal capacity in child protection. In future this expertise may come from the students still at university, therefore more focus should be placed on their development. All of these suggestions on improving the training on offer come from the practitioners and are therefore able to offer more insight into their needs. Without such perceptions elicited from those most affected by perceived deficiencies in the training programmes provided, this study would not be able to proffer an accurate understanding of the situation. This is where ToC has helped in being able to see that small, manageable changes will have an impact on the way in which child protection responses can be improved. It has allowed the focus to be on the small changes that the practitioners

themselves feel will make the most difference to their role effectiveness. ToC concentrates on the small changes that can be easily managed, rather than trying to change whole systems, and when such changes can be recognised by participants, they are more likely to be accepted and implemented.

The next chapter presents the perceptions of trainee social workers of their university courses and practice placements.



# **Chapter 7 Preparing Social Work Trainees for Working in Child Protection Roles in KSA**

## **7.1 Introduction**

The two previous chapters have looked at practitioners and training providers' perceptions of their professional training and the changing role of child protection in KSA as the new legal requirements are introduced. This chapter explores the perceptions that social work trainees in KSA have of the effectiveness and value of the training programmes in preparing them to work in the field of child protection. It also reflects on practitioners' and educators' perspectives in relation to students and initial training. Social work students from three large universities were asked to evaluate the modules they studied and rate how useful they thought these would be in preparing them to work in a child protection role. These universities were selected as they are based in Riyadh, where the study took place, and they offer social work programmes. Surveys were distributed to 362 social work trainees to gain an overall understanding of the training environment in which they were being prepared for their social work roles. Of these there were 152 responses, giving a 42% rate of completed surveys. This was a good response rate, given the difficulties in finding students on site due to their outside commitments, such as practice placements. In addition, many of them come onto campus simply to attend a lecture and that may be only once or twice a week. University A provided 60 student responses, there were 70 from University B and 63 from University C.

It was important for this study to investigate the effectiveness of the modules for working in a child protection role and how the trainees perceived these modules, as this would provide current information on an important aspect of their training programme. Given the introduction of the new protection laws, more knowledge was needed on these preparatory training programmes, and as discussed in the Methodology chapter, there were initially insufficient responses to the interview questions, with the 41 responding. Therefore a survey was considered, as it would

enable a wider selection of trainees to give their perceptions. There was also insufficient flexibility in the students' academic timetables to allow for interviews. To gain further insight into the provision of training courses relevant to the roles of those in child protection, interviews were then carried out with practitioners and educators to gain their perspective on training programmes. The evaluations and reflections of trainees, educators and practitioners in this chapter help to provide the foundations required for implementing improvements and changes in the provision of training programmes for social work trainees, which will prepare them for working in the field of child protection.

## **7.2 University Training Programmes**

It is important, first of all, to understand the child protection training programmes available for social work trainees. There are five institutions offering four years social work degree programmes in KSA. During their undergraduate degree, students study theoretical courses in sociology theories, social sciences, social work knowledge and general knowledge, and the curriculum is copied from the Egyptian programme, which in turn is taken from the American model (Soliman, 2013). The Social Work Colleges in KSA are being influenced by western style and content and have had collaborations with the University of California and with Monash University in Australia.

The total of 152 social work students came from three of these large institutions delivering social work programmes within the KSA. All were final year students and the majority of individuals were between 20 – 24 years (93%), whereas the remainder ranged between 25 – 30 years (7%). The students were all selected from the female section of the Social Work Colleges in Riyadh. This was due to cultural sensitivities as the female researcher was not able to enter the male section, although there were males enrolled on social work programmes. It is important to note that social work in KSA is not a gendered profession, as there are both male and female social workers, social work trainees and educators, although the genders are segregated.

The curriculum for social work dealing with families and children at the three universities mainly covers the same concepts, with each offering a number of modular options. The modules include:

- Introduction to Family and Children – the nature of family and concept of childhood.
- Family Concepts – family cohesion, importance of family in contemporary society.
- Family Functions – family wellbeing, family theories, family in Islam.
- Family Problems – indicators of problems, factors leading to problems, issues related to Arab families, Saudi family problems, treatment of family problems according to Islam.
- Social Work and Family – relationship between social work and family, role of social workers in dealing with family problems.
- Institutions Working with Families – social institutions and how social workers can use them for support.
- The Process of Professional Help – the principles of support, and religious, moral and societal commitment.
- Professional Judgement Skills – decision-making processes and resources.
- Duties and Responsibilities of Social Workers – preparation, responsibilities, obligations, roles and intervention techniques.
- Problems and Issues of Contemporary Family – domestic violence, drug abuse, divorce, financial crises.
- Childhood Needs and Stages of Growth – concept of childhood, growth stages, children's needs, communication process, the child in Islam
- Childhood Problems – factors leading to problems, Arab childhood problems, problems in Saudi society.
- Problems and Issues of Contemporary Childhood – homeless children, abused children, war, adolescence and globalisation.
- International Organisations – support from international organisations, social worker policies.
- Family and Childcare – family relationships, family care systems.

Whereas this list addresses many of the issues that may be expected in families, there is a noticeable gap in any focus on the wellbeing of the social workers themselves.

The professional aspect may be important, but it is also important to address personal development issues in dealing with the challenges of the social work profession.

### 7.3 University Educators' Perspective

In addition, the opinion of those delivering the programmes in universities is essential to provide a balanced view of how the trainees are prepared for social work in child protection.

“Concentrate on violence against children, types of violence, concentrate on the theoretical aspects pertaining to reasons for violence and the factors that led to violence and the effects on people” (*Educator 5, University B*).

Ten educators from three universities (A,B,C), Social Work College, were asked to suggest additional training for their students, as there are currently no training programmes specifically related to child protection. These educators are well-qualified females in academic terms with most holding PhDs. They also have social work experience ranging from 4 to 32 years and have been teaching the social work curriculum between one and 14 years. An educator from A recommended relevant courses based on case studies of abused children, and one from C proposed allowing students to follow individual cases under the supervision of specialists. It was suggested that more specialisation was needed in the field of child protection.

One of the C educators called for a short training course on the social work profession to be provided when social work trainees left secondary school, so that they were better prepared for the role. She also suggested a training course covering all specialist areas before the students chose their specialist area. Similar opinions came from other educators, with most of them stating that trainees needed more information before starting a social work programme as they did not really understand what social work entailed. An educator from B suggested that those still in secondary school should be encouraged to volunteer, and to learn about social developments and the role of social work in society. This was supported by another educator from A.

There is currently no overarching professional body for social work in KSA and no external institutions are involved in developing the curriculum. The university administration is responsible for selecting modules appropriate to the needs of the Saudi community, although previously there was support from the University of

California in a collaborative partnership. However, now there is collaboration with Monash University in Australia.

### **7.3.1 Educators' perceptions of the characteristics of social work students**

There was concern from the educators that the right calibre of student was not coming through into social work. An educator from University A thought social workers should have leadership potential, be assertive, ambitious, self-confident and have good communication skills. This does not seem to be the qualities of the trainees, according to another educator.

“The student needs to understand the difference between social work and sociology because most of the students don't know the difference. Because both sections are in one department and because of this mixture, we have some students who aren't suited to social work, whether because of learning difficulties, learning disabilities or lack of engagement with the studies. In addition, some students have social work diplomas although their educational level is very low” (*Educator 8, University A*).

A number of educators commented on the behaviours of some of the social work trainees. One educator from University C explained that they had some students with special needs, in that they seemed to have an issue in terms of understanding and articulation. She wondered how they would be able to serve the community in the future. Another educator from University B agreed that they had some students with learning difficulties and others with learning disabilities. Despite repeated requests from an educator at C, the university management would not transfer a student with intensive disabilities to an appropriate specialisation. It is interesting to note that a number of the trainees were in some way disabled, and may have been beneficiaries of social services themselves at some stage. Alternatively, they may have needed such services and not been able to access support, therefore they may have decided that this was a much needed community service they could offer. Whereas the educators may have seen the disabilities of students on their course as a problem, it may indeed be a bonus as these students may be in a stronger position to understand the needs of those seeking social support. It has been noted that there is emerging strong support for service users to be more represented in the services they use (Ocloo and Fulop, 2011) and it has been argued that service users should be involved in the education and training of the providers of those services (Lathlean et al., 2006; Felton and Stickley,

2004). It could therefore be seen as very positive that there are students who have experience of living with certain disabilities, as they will contribute to the understanding and professionalism of the service provided. There was, however, no indication of this in the responses from the educators.

Nevertheless, the perception of educators, as shown by an educator from B, was that students came into the social work department simply because they had low grades. Students believe that social work is an easy subject to study, and admissions departments tend to accept students with low grades for the social work area. If this reflects the broader social attitude towards social work, then it may explain the low status of social work in KSA.

“When I give a lecture to the students about the family and children, from a real-life perspective, it is considered interesting. But there is no responsiveness from the students. When asked why they are unresponsive, they say that they are obliged to enter the social work department and it is not their desire” (*Educator 4, University C*).

There was also an indication of a lack of commitment to social work, with one educator from C stating that most of the students entering her department went to work in specialised areas other than social work. There are currently no official statistics confirming this, although many of the educators appeared to support this. An educator from A commented that most of the graduate social work students did not want to work in that field as it was not an attractive profession to them. The following comment may help to explain why many of the trainees were not satisfied with their programme, and also why some of the university educators may not be putting all their best efforts into delivering programmes.

There were suggestions from the majority of educators in university A, B and C (90%) that interviews should be conducted with students to understand their behaviour and their motivation for studying social work, in addition to how prepared they may be for working in the profession as currently there are no such admission processes in the three universities. Another educator said that unsuitable students should not be selected for the department and their academic record should be good. Educators wanted students who were aware of the social problems in Saudi society,

who had the ability to analyse the causes of problems, and work out how to address those problems. Pawar (2014) highlighted that in developing countries, social workers need to focus on the profession's main values and principles to improve the living conditions of people and local communities (Pawar, 2014). It was proposed by one educator from A that initial tests should be carried out to find out if students were suited to a social work career. Given the importance and sensitivity of child protection and the role of social workers, educators were surprised that specific criteria were not in place.

### **7.3.2 The curriculum**

Individual universities decide on their own curriculum, although it is broadly similar across all social work colleges. Within a general framework the structure and sequence of courses are determined by committees and do not offer much choice for trainees to follow their specific interests (Soliman, 2013). Within each university there is a qualifications committee, which has the role of developing the curriculum each year. This committee also determines the numbers of hours per module and the hours required in a practice placement. It is often the case that the hours allocated are not sufficient for students to gain experience or to develop skills.

An educator at A admitted that there was no particular approach for dealing with the protection of children from violence and one from C also commented that there was no curriculum dealing specifically with the child, that it was related only to the family. This was confirmed by an educator at B, who said the curriculum covered family and childhood only, and there was nothing on child protection. Another from the same university noted that there had been no changes to the curriculum in over five years. However, the quality of the trainees themselves may contribute to the limitations of the programme.

“The duration of the lectures should be three hours weekly but students refused, saying it is boring and a long time, so we changed the time to two hours and then to one hour and then to half an hour. That had a negative effect on the lecture because the lecture should involve presenting some research studies and discussing them with the students, which cannot be done in half an hour” (*Educator 3, University C*).

Even though the lectures may be shortened, this still does not mean that students will attend. At both B and C the educators complained of poor attendance, despite incentives such as increasing grades for each course. An educator from B noted that each programme level included about 300 students, but only around 12 actually attended, and she described this as very frustrating. Five educators said the students describe the programme as very difficult when asked for feedback, and they complain about the training period, the training content, the training institutions and practical restrictions. This may indicate a general lack of interest in the subject of child protection. The educators believe the responsibility lies with the students themselves to learn and develop from the programme at the university.

“Our role here as social-work educators is to enrich the lectures based on previous studies in various fields and well-known cases. We also present in the curriculum videos and small studies about the family and children. For example, a study by Al-Zhrani showed that the family is the primary perpetrator of sexual harassment of their children. This finding was regarded as shocking. Here, we concentrate on the family relationships, the importance of the family, the relationship between the children and their parents, and so on. Then the whole thing depends on the student herself and the extent to which she wants to develop herself.” (*Educator 4, University C*)

Two issues emerge from the data; one is that the curriculum for social work in KSA is still being developed, and the other issue relates to styles of teaching and learning. In terms of teaching and learning, it may be useful to place this issue in the wider context of the KSA education system. The challenges facing education systems in KSA are predominantly that teaching techniques used in education are very limited. Teaching methods are traditionally focused on conversation, drilling and memorisation, rather than paying attention to the ability to understand and critique or analyse, which is similar to the UK schools teaching methods (Adams, 2014). There is generally a shortage of specialist staff, due to the demands of a rapidly increasing population. In addition, few improvements have been seen as teacher training is not regarded as a priority, with Saudi society preferring to accept traditional methods.

From educators responses, by applying to university, there is some concern that the quality of students entering social work is not as good as it should be. Some put this down to a general low level of skills for all university entrants, whereas others suggest that social work departments are more likely to accept a lower level entrant than other departments such as medicine, for example. There is no documented evidence, such



as student handbooks. However on the university websites there are strong indications that those with lower grades will be directed to the Social Work Colleges. The educators appear to consider this may be due to student recruitment processes, and they are aware of the gaps between the quality of trainees they have and the quality of trainees they need. Also, educators mentioned that there is also a large absentee rate in classes, with some educators complaining of no students turning up to lectures. No deterrents seem to be in place, and trainees will gain their qualifications despite not attending classes. However, there were also complaints from trainees that they were not given training in child protection in their course. This may indicate an imbalance between the training programme content and the needs of the trainees, or it may be an issue because the students did not attend classes where these more relevant classes were being provided. It is an issue where the training programme content needs to be clearly defined and communicated to students so they can see the value of the classes.

Recommendations have been made by Soliman (2013) in how social work education in KSA may be improved. These include the social work institutions evaluating their materials and thus ensuring that programmes are more advanced and relevant for what students will be doing in their future work roles. A major recommendation is that there should be a special department established, which will overview and coordinate all the social work education in KSA (Soliman, 2013).

## **7.4 Trainees' Perspective**

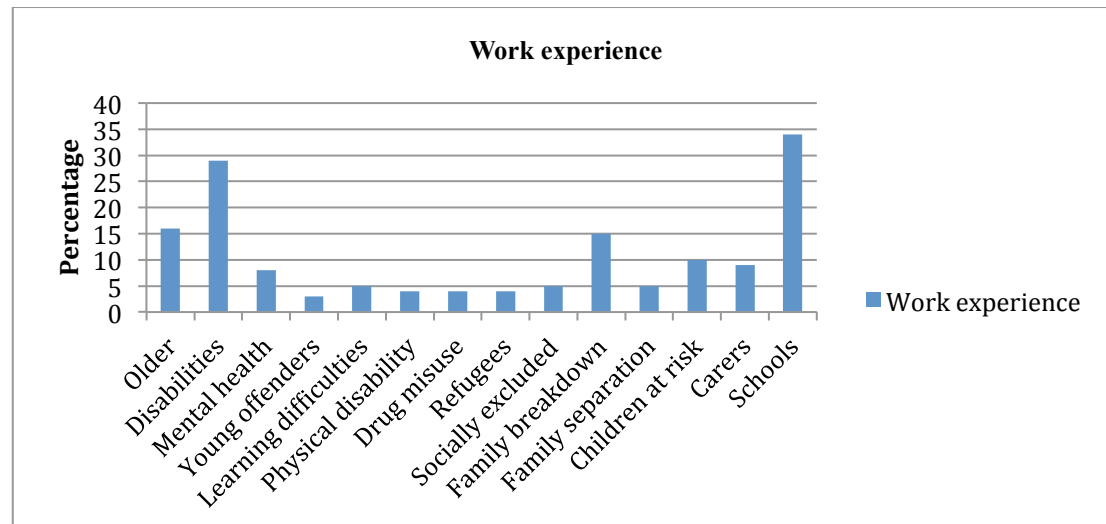
The social work students were also asked for their perceptions on their training programme. There were indications that the more popular part of the programme was the work experience where they were sent on placements. These placements were not necessarily related to child protection, but were more broadly associated with general social work. In total 152 placements were undertaken by trainees in this study.

### **7.4.1 Experiences in Social Work Practice Placements**

Practice placements are an essential component of social work education as they can help to prepare students for social work practice (Clapton, 2012). In participating in a work placement, students are given the opportunity of applying the knowledge they have received in their university academic courses. The range of placements

experienced by students from all three universities in Riyadh is illustrated in Figure 7.1, and some of the students had more than one placement.

**Figure 7.1** *What sort of practice placements have you experienced already?*



The largest number of trainees (34%) had practical placements in schools. Schools may be selected because they are more readily accessible, due to location and number. It is notable, however, that a high level of trainees are in placements dealing with disabilities. As noted previously, the MSA provides special provision for children with disabilities, having established day care centres for the disabled (Al-Munshi, 2011). These centres are, therefore, more likely to be accessible for placements as they, like schools, are located in a number of different areas. It has also been determined that some children subjected to abuse may have suffered physical disabilities (Al-Thagafi, 2013), therefore they are beneficial placements for trainee social workers, who can then see the result of domestic violence. However, disabilities may still be a source of shame in Saudi families (Al-Gain and Al-Abdulwahab, 2002), and the full extent of the number of disabled children in KSA is unknown (Al-Jadid, 2013). The number of placements dealing with disabilities is therefore interesting, given the cultural background, as it promotes understanding of this section of society.

Since drug abuse and related addiction is one of the significant social problems affecting both child and adult victims, it was important to investigate whether the KSA's social work students were gaining experiences in this area. This study found

that only 4% of social work students in the sample were in placements dealing with people with addictions (alcohol/ drug other substance abuse). As there is evidence, as seen in previous chapters, that drug abuse is a serious social problem in KSA, this is a small number of trainees to have been exposed to experience in this field. Because drug abuse has been identified as one of the main causes of domestic violence, it is highly relevant to child protection. It has been linked with aggressive and criminal behaviour, as shown by Dawe et al. (2008), therefore it is likely that such behaviour overflows into the domestic arena. Galvani et al. (2011) argues that the issue of domestic violence and drug abuse are also not well taught in the UK, and students who have placements in this area have found them very useful.

Other areas where practical placements took place were with refugees and asylum seekers (4%), socially excluded individuals (5%), families experiencing or at risk of breakdown (15%), children that require separation from families (5%), people (children) at risk of abuse and neglect (10%), and carers (9%). These data above indicated that the social work students had experience with a number of social problems and related clients and may indicate that they are in a position to more easily identify the relationship between child protection and other social issues. Trainees also have placements in hospitals but they do not have the opportunity to work with cases of child abuse. Their work is limited to visiting patients in their rooms and asking if they have any problems or needs. There are child protection committees inside the hospitals but they do not include trainees in these areas.

Trainees were asked if they had been involved in child protection cases in their practice placements. However, the findings indicated that 85% of the trainees have not been involved in child protection cases in their practical placements, with just 15% of them having been involved in areas dealing with child protection. This indicates that more efforts could be made in trying to give these trainees specialising in child protection some experience in their field placements. Those who did have these kinds of placements were able to experience a wide range of issues. There were therefore key themes emerging from the experiences students had in their placements relating to child protection. Examples the trainees gave of physical abuse were as follows:

- A child of 7 years being subjected to violence from her father through use of an iron.
- A father abusing his child by beatings and suffocation
- Abuse through burning a child.
- Physical abuse from her brothers.
- Took a child away from her family as she was disabled and had been abused by her parents.

There were also occasions when trainees experienced instances of emotional abuse and provided these examples:

- Depression and Suicide.
- Emotional abuse because of the divorce.

Also, the trainees gave examples of sexual abuse as follows

- A child abused by her brothers inside the family home.
- Sexual abuse on a child by her father.

Trainees described how they intervened by reporting to someone senior in the workplace, by taking children away from their family home or school or by making the family aware that such behaviour was not acceptable in Saudi society. They were also involved in prevention strategies:

- Distributed letters to students in elementary school about the child helpline to help them protect themselves.
- Presented a programme on child sexual abuse at a secondary school.

The experiences that the trainees were getting from their placements allowed them to have more understanding of how the theories could be applied. They also allowed them to see the many diverse situations that are involved in child protection. From the limited evidence in the survey, these trainee students showed reasonable competence and confidence in what they were doing. There are no expectations that they should be fully confident at this stage of their training. In addition, there are indications that such a wide variety of experiences presented to them should have added to their confidence levels.

The placements that trainees have experienced show a wide range of practices but, if trainees are to work within the child protection field, then they need to have the opportunity of understanding the work that is being carried out within child protection. It may be interesting for them to gain some understanding in other fields, such as working with older people, but this is not going to give them an opportunity for applying any knowledge they have of child protection issues. Instead it prepares the trainees for a much wider social work role and this seems to be evident of the whole training programme delivered in the universities.

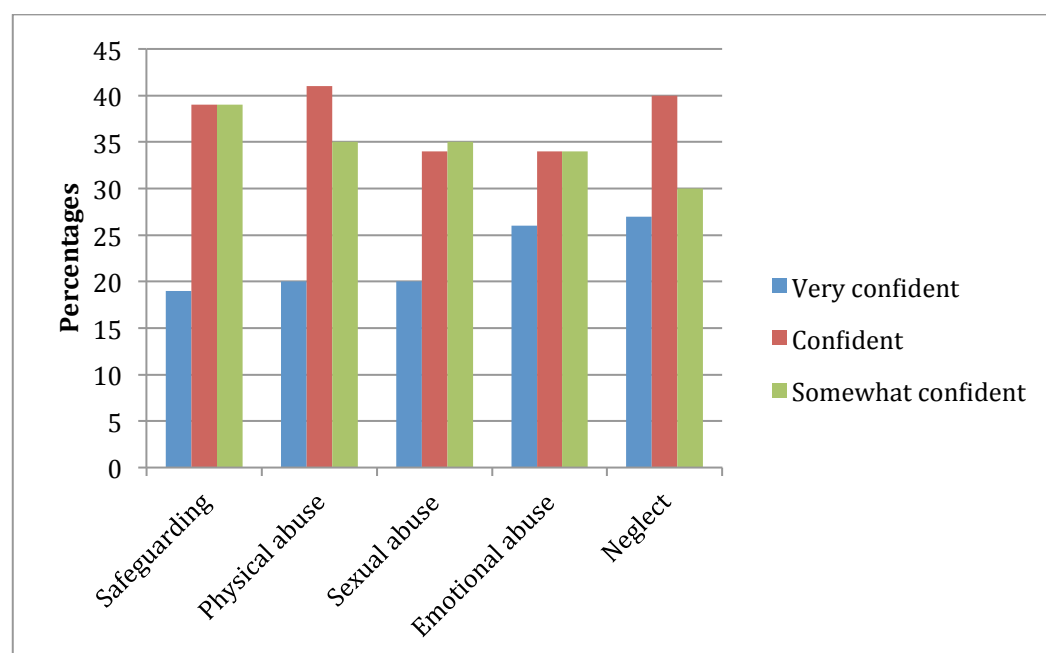
The quality of placements is important for raising standards in social work education. In the UK the Social Work Task Force recommends that all social work students should experience high quality placements which should be properly supervised and assessed (TCSW, 2014). The UK social work education is expected to prepare students so they can practice with competence (Lefevre, 2015) and this includes learning skills such as developing relationships.

This is an area which can be developed by learning to relate to others while in practice placements. Placements are important for being able to see the reality of what has been learnt in class. Wilson and Kelly (2010) argue that it is essential for the academic programmes and practice placements to be integrated if social work trainees are to be prepared for working in the field. Additionally, this may also attract more trainees to child protection and provide more attention and research for the whole field of child protection in KSA.

#### **7.4.2 Dealing with Child Abuse**

The trainees were asked to evaluate their levels of confidence in identifying specific child protection risk areas by indicating whether they were very confident, confident or somewhat confident (see Figure 7.2).

**Figure 7.2** *How confident do you feel about identifying child abuse?*



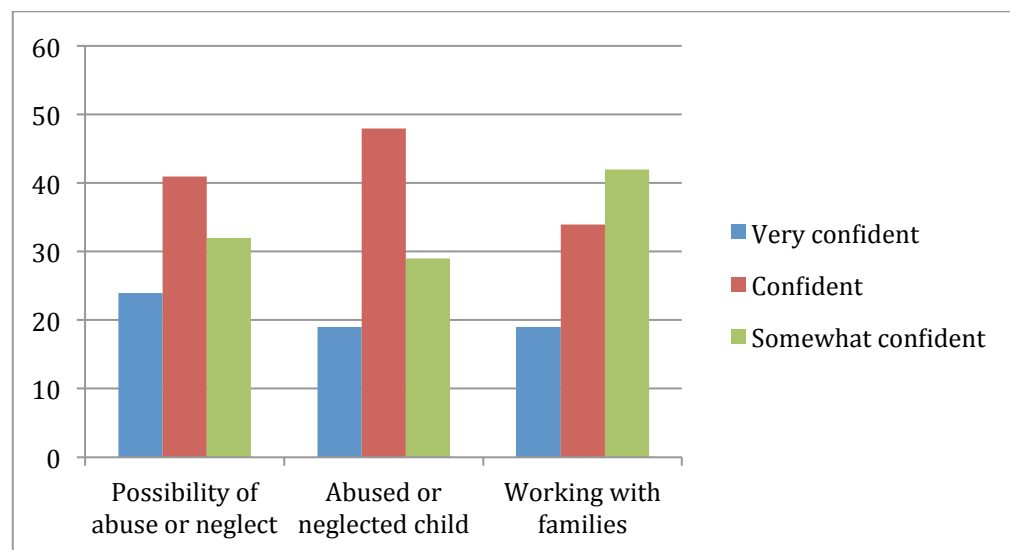
This may not give an accurate rating of their level of confidence in dealing with child abuse, as much depends on the attributes of the students themselves. For example, some may have more self-confidence than others and this may be reflected in their responses. In addition, the methodology used for this study, as explained in Chapter 4, did not allow for probing students' reasons for their levels of confidence, which means that a certain amount of caution should be observed when considering these data on confidence levels.

However, the comments received from trainees indicate that there was a reasonable amount of confidence in their abilities to deal with child protection issues, although their experience with these issues may be fairly limited. Their confidence in identifying child abuse/safeguarding issues indicated that 19% were very confident, 39% confident, and 39% somewhat confident. The findings on their confidence in identifying **physical abuse** against children indicated that 20% were very confident, 41% confident, and 35% somewhat confident, similar to the findings on identifying **sexual abuse** against children, where 20% were very confident, 34% confident, and 35% somewhat confident. These were not the same students indicating they were very confident about identifying physical and sexual abuse, but interestingly a higher percentage was very confident (26%) on identifying **emotional abuse** against

children, with 34% confident and 34% somewhat confident. Identifying **neglect** of children also showed that the majority of trainees were confident in their ability to do this, with 27% very confident, 40% confident and 30% somewhat confident.

Investigating how confident they felt about any action to be taken if they were worried that a child may be experiencing abuse or neglect, indicated that 24% felt very confident, 41% confident and 32% somewhat confident (see Figure 7.3).

**Figure 7.3 Confidence at taking action<sup>33</sup>**



Ascertaining the confidence levels of working with children who have experienced abuse or neglect showed that 19% were very confident, 48% confident and 29% somewhat confident. Only a small percentage remained lacking in confidence.

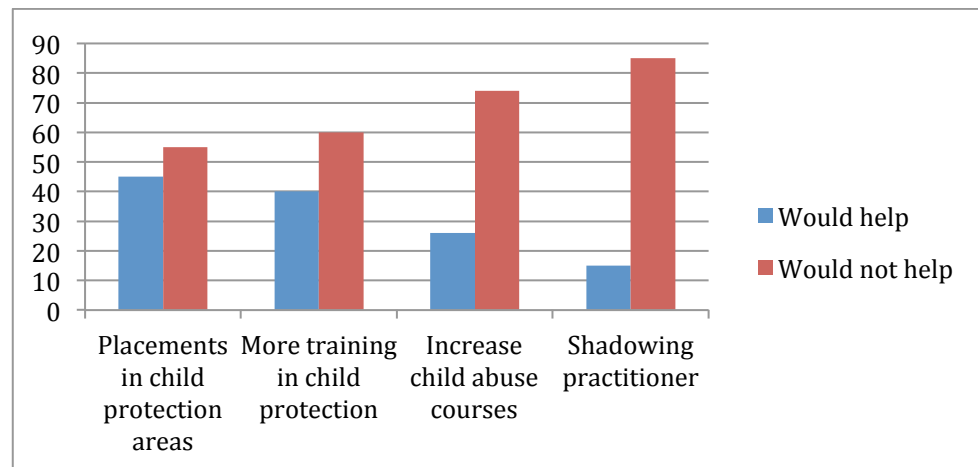
Investigation on working with families where it is suspected that a child has been or is experiencing abuse or neglect indicated that 19% were very confident, 34% confident and 42% somewhat confident.

The findings on confidence levels indicate that between a fifth and a quarter of the social work students were highly confident in the practical skills they had attained through practical placements. There was more confidence from trainees who believed they were now able to cope with dealing with children who had been abused or

<sup>33</sup> The questions under this section were: 1. How confident do you feel about working with children who have experienced abuse or neglect? 2. How confident do you feel about working with families where it is suspected that a child has/is experiencing abuse or neglect?

neglected. However, there was slightly less confidence if trainees had to work with families where there was a suspicion of child abuse. This may indicate a reluctance to get involved from a cultural aspect, as Saudi families are traditionally private, and some may feel uncomfortable at making decisions related to families.

**Figure 7.4** *What do you think will help you to build your confidence?*



When social work students were asked about what they thought would help them to build their confidence to protect children in the future, a large number of respondents (45%) indicated that intensifying the practice placement in child protection area would help, whereas more than half (55%) did not think it would help them to build their confidence (See Figure 7.4). This may be because they were unsure exactly what would be involved for trainees in a placement in child protection.

In addition, 40% mentioned that they needed to obtain training in child protection procedures to build their confidence, while 60% did not feel that would help. Some social work students (26%) felt that there was a need to increase child protection and child abuse courses, whereas 74% felt it would not assist them to build their confidence. Shadowing a child protection practitioner was the lowest need of the respondents (15%), while most of them (85%) felt that it would not help. However 31% did feel that all the above actions would be helpful in building their confidence. Yet overall, the students found it difficult to identify exactly what would help them.

Among the students who were aware that they needed to build confidence, there was recognition of the need for more knowledge, especially in the form of specialised and



intensive training courses related to child protection issues. Many of the students from University C wanted to learn more about methods and policies for dealing with abused children. A number of the University A students asked for skills training in coping with emergencies, more support from social institutions and commented that they needed to read more, and learn how to be more patient. There were similar comments from the students at University B.

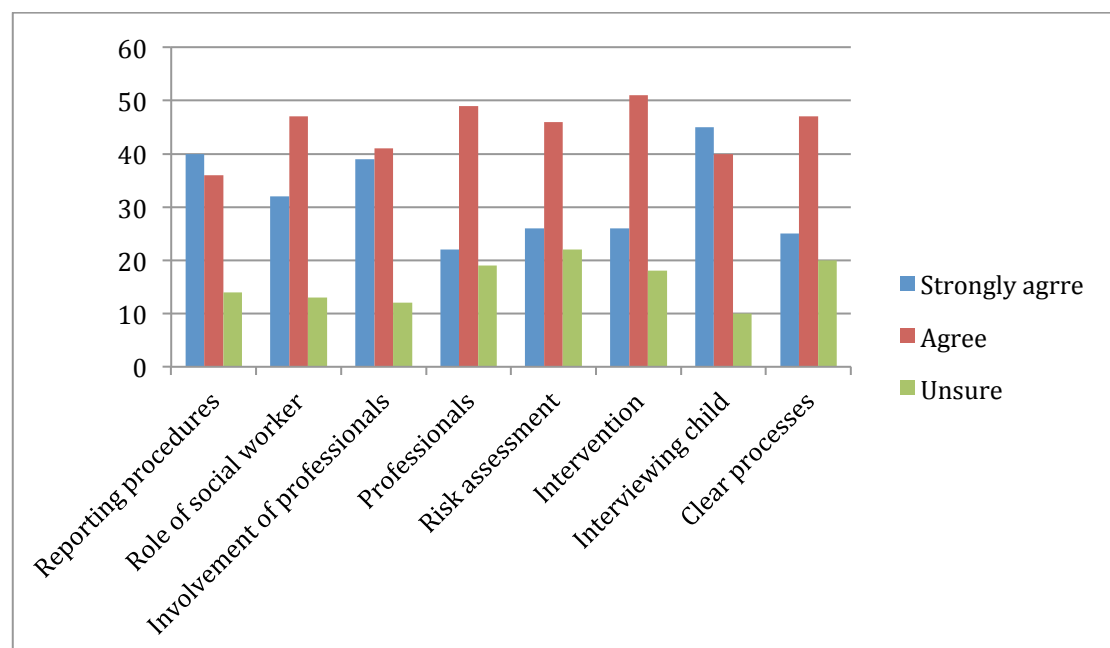
It was surprising that so many trainees felt that increasing training and placements would not help build confidence. This indicates that their levels of confidence are already good enough not to need any extra development, or alternatively that they do not fully understand the complexities that may arise when dealing with child protection issues. They may feel confident enough at this stage to deal with the challenges they believe they may face, but they may not recognise their own limited experience. In addition, they have had support from practitioners during their training and this may not always be available in the future when they are faced with challenges they must deal with on their own.

#### **7.4.3 Confidence in the Child Protection Systems**

An important aspect of effective delivery of social work services on child protection is the understanding of jurisdictional issues and child protection work (Department for Education, 2014). It is for this reason this study surveyed the trainees on their extent of understanding of the legal framework of child protection in KSA. Students were asked if they had sufficient materials, resources and training about child protection work in KSA. More than half of the respondents did not believe, or were unsure, they had enough information about child protection work in the KSA. This could of course be a reflection of the levels of confidence of the trainees, and this may indicate their concerns about being confronted with a situation for which they felt they might not be prepared in future.

The level of confidence of social work students partly depends on their views on certain social factors. In this regard, this study was involved in determining their levels of agreement and disagreement on some of these factors (see Figure 7.5).

**Figure 7.5 Trainees' perceptions of social work and child protection systems in KSA**



Trainees were asked to think about social work and child protection in Riyadh, and indicate the extent to which they agreed or disagreed with the clarity of each of the following: reporting procedures, role of social worker, involvement of professionals, role of professionals, risk assessment, intervention, interviewing child and clear process. The existing clarity of reporting procedures for child protection was strongly supported by 40% and a further 36% agreed that these were clear. A 47% agreed on the clarity of the social worker's role in child protection, with a further 32% in strong agreement. However, 13% were unsure, and this is a substantial number given that they are social work trainees. Following their training sessions on the role they have to play, it indicates that a number have concerns about the child protection aspect. This may be because the 2013 law is still relatively new, but these are the social workers who will need to apply this law in the future, therefore their role should be absolutely clear in their minds.

Regarding the importance of involvement of professionals from other disciplines in child protection work, Munro (2011) suggests that individuals and organisations need to work together to provide safeguards and protections for children. This means that child protection becomes a shared responsibility as involving other professionals

means information can be shared (Stalker and McArthur, 2012). However, although 80% of the sample either agreed or strongly agreed that other professionals should be involved in child protection work, 12% stated that they were unsure. In addition to this, respondents were asked about the clarity of the role of professionals in other disciplines in child protection work, and here only 71% agreed or strongly agreed, with 19% being unsure about this (see Figure 7.5).

Furthermore, when asked about the clarity of criteria to guide assessment of risk when child abuse is alleged or suspected, 26% indicated that they strongly agreed with this, whereas 46% agreed. But some 22% were unsure, as Figure 7.5 shows. Their views on the clarity of criteria to guide the type of intervention when there is risk of significant harm to a child indicated that most of them (26%) strongly agreed and more than half (51%) agreed, although a substantial 18% were unsure. Their views on the importance of interviewing the child concerned in person, when there are concerns about possible child abuse, indicated that most of them 45% strongly agreed and another 40% agreed, with just 10% unsure. Yet their views on the clarity of processes and policies for interviewing children who may have experienced abuse indicated that, although many (25%) strongly agreed that these were clear, with 47% agreeing, a significant 20% were unsure. The findings related to their perceptions on social work processes suggest that there are areas that these social work students feel should be improved. However, it is important that a structured and strategic approach is taken to developing confidence, knowledge and skills in trainees in order for them to develop and be able to deal effectively with child protection issues (Martin et al., 2014). This is one of the reasons this study investigated the training modules that build confidence and those that require more training.

## **7.5 Trainees' Perceptions of the Curriculum<sup>34</sup>**

The trainees were asked to evaluate the individual modules within their training programmes and to make a decision on the extent to which they addressed child protection issues. A typical module in the programme is Introduction to Family and Children, which covers a number of topics, including the nature of the family, the

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<sup>34</sup> The question under section 7.5 was 'To what extent has each of the following modules addressed child protection issues?'

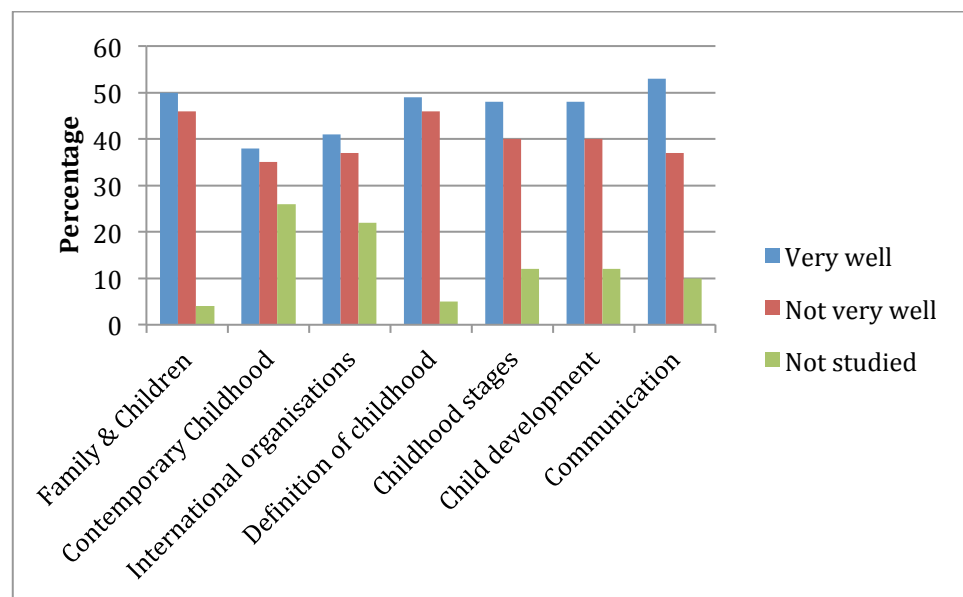
family and building components, family jobs, the concept of childhood, characteristics of childhood, childhood needs and protecting children's rights from a global perspective. They were also assessed on their confidence and trust in the systems or modules employed in KSA to address issues related to child protection. Their views are an indication of how well they feel the course prepares them for dealing with child protection issues and may help to identify areas where they feel their training could be developed or improved. From trainees' views, the analysis of individual modules has been integrated to identify negative and positive perceptions of the university programme modules addressing child protection.

The curriculum at all three universities in this study cover fairly similar concepts in their modular options for social work dealing with families and children. All of the modules available have been previously itemised under section 7.2.

### 7.5.1 Child Protection Coverage

The first area to explore in terms of trainees' perceptions was how well they felt the general topic of child protection addressed child protection issues in their training programme.

**Figure 7.6 Trainees' evaluation of the coverage of child protection in selected modules**

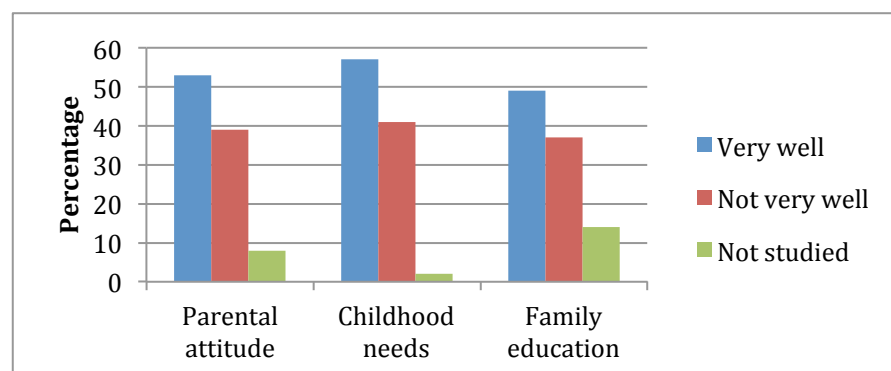


This is covered in the Problems and Issues of Contemporary Childhood topic, which deals with abused children. More discussion of relevant topics is covered under section 7.5.3. A substantial number of the social work trainees that had studied this area confirmed that this topic was well presented (38%), although, again, almost as many (35%) felt that this topic did not address issues of child protection very well (see Figure 7.6).

It was encouraging that half of the social work students indicated that they were well equipped with child protection skills by the Introduction to Family and Children topic, but a full 46% thought it did not address child protection very well, whilst 4% did not study this topic as each university has different elective modules. It is important to note that social work practice in child protection is considered an important aspect of child welfare.

Since most of the cases involving child abuse in KSA and most other nations have been linked to poor parenting (Al-Shail, 2012), it was important for this study to investigate the way in which the students viewed the significance of parental attitudes towards their children. More than half of the social work students (53%) highlighted that the Parental Attitude to Children topic covered child protection issues very well, whereas 39% expressed otherwise (see Figure 7.7).

**Figure 7.7 Trainees' evaluation of the Parental responsibilities topics**

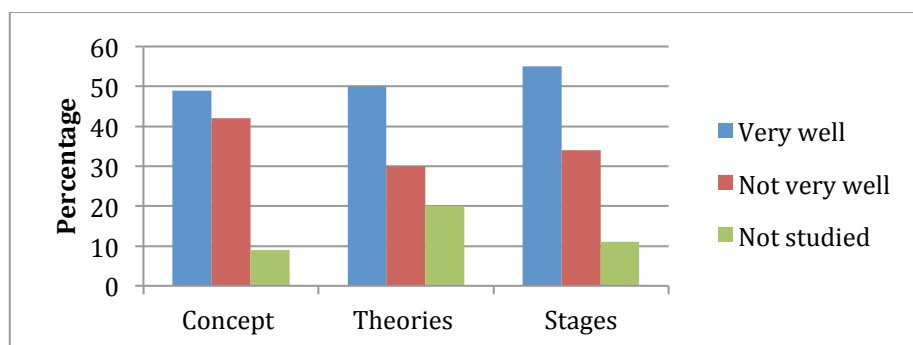


Although it is good to see that more than half the students felt this was effective for their job role, many were also not satisfied. Being able to understand parents is an

important skill social workers need in order to effectively assess a situation and make decisions about the welfare of a child.

Social work usually aims to meet the needs of the children and to effectively deal with their problems at different stages of their lives. Based on the analysis of the findings, 57% supported the role of the Childhood Needs topic in helping with child protection, whereas 41% expressed their dissatisfaction with this topic in fulfilling that need (see Figure 7.7). More trainees studied this topic across all the universities and it should be fundamental to their work in child protection. The main responsibility of child protection social work is to ensure children are protected from all forms of abuse, neglect, and other forms of maltreatment. The understanding of child protection should be strongly based on the family unit (Wilson and James 2007). Other important aspects of understanding child protection include factors related to social, physical, psychological, and emotional well-being of the children.

**Figure 7.8 Trainees' evaluation of the Family therapy topics.**



Family therapy is based on an understanding of family therapy theories and techniques, and the findings indicated that 50% of social work students felt that the Theories and Techniques of Family Therapy topic addressed issues related to child protection (see Figure 7.8). However, 30% viewed these theories and techniques as not having a good influence on addressing issues related to child protection. Since family problems resulting in violence, such as child abuse, may be progressive and thus complex, it is important for family therapy to be conducted in rationalised stages in order to achieve effectiveness. The findings of this study were quite supportive of this, since 55% indicated that Stages of Family Therapy addressed the issues of child protection very well, whereas only 34% stated that this topic did not contribute very well in addressing the issue (see Figure 7.8). Of the three family therapy topics, this

one was considered the most effective, which may indicate that students found the practical aspect more relevant than the theories, and they were more able to relate to this module than the others.

Family therapy with family units experiencing acts of violence, such as child abuse, can significantly contribute to the healing process and improve child protection (Bragg, 2003). This seemed to be an important aspect when identifying the effectiveness of the family therapy topics (see Figure 7.8) in addressing child protection issues in the KSA. The findings for the Concept of Family Therapy indicated split views, where 49% of social work students believed that this topic contributed very well in addressing child protection issues, yet 42% indicated that this topic did not address the issues of child protection very well. A high number of social work students not satisfied with the topic may be attributed to their perceptions that family therapy takes time and does not seem to have a direct impact. They may not recognise the importance of the healing process after the event.

As can be seen, the perceptions of trainees on how well child protection issues have been covered in their university training programme do not rate this very highly. In most cases fewer than half believe that the child protection topics are well covered.

### **7.5.2 Satisfaction with Delivery**

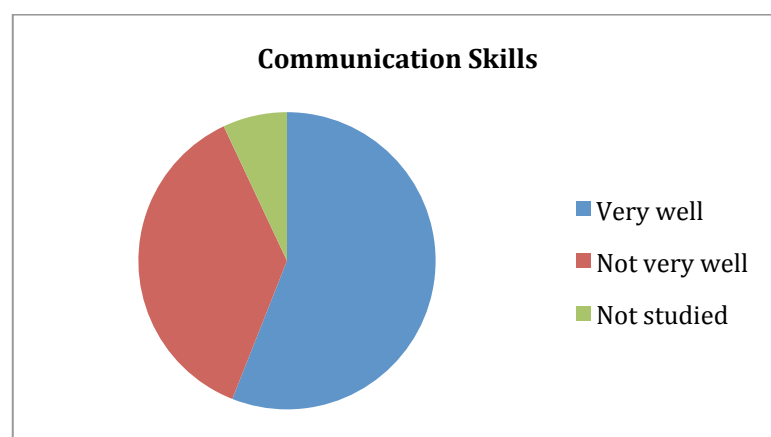
The trainees provided information that could contribute to understanding the quality of the teaching they were receiving at university, in order to prepare them for a role in child protection.

When considering the universities, more than 60% of those at Universities A and C were satisfied with the input on professional responsibilities, whereas 67% of trainees at University B were not satisfied. This suggests that the effectiveness of this topic may therefore depend on the university where it was delivered. It may also relate to the quality of the trainers at the university, and whether they have the expertise and experience to fulfill the role. This raises concerns that the trainees at B are not receiving the same quality of teaching as those at A and C, as their dissatisfaction rates are consistently and significantly higher.

For example, dissatisfaction with all the topics related to child welfare was significantly higher in University B trainees. As social workers need to work within the parameters of family relationships, they should be aware of the complexities involved and the Parental Responsibilities module is not helping a large proportion of trainees in understanding family dynamics. Once again, dissatisfaction rates at University B were significant, being 50% higher than at the other universities. Of those who were not satisfied with Definition of Childhood, 36% came from C, 44% from A and 59% from B. In addition, trainees from both A and B were about 25% more dissatisfied with their family therapy module than those from C.

Across all three universities there were some topics that did not seem to be delivered in a way that engaged students. For example, all forms of social work rely on communication in order to achieve any positive results. In this regard, communication plays an important role in the provision of child protection services in all aspects, including provision of child protection needs, family education, lectures, creating awareness, and advocacy, among others. Therefore, it is important for communication skills to be included as a critical module for addressing issues related to child protection, and the overall quality of delivery should be paramount.

***Figure 7.9 Trainees' evaluation of the Communication skills module***



According to the findings of this study, slightly more than half of the social work students (56%) surveyed believed that the Communication Skills module was well covered, but 37% of the respondents felt that this module did not cover all that was required (see Figure 7.9). This is an area which should be well covered and which



does not need to relate to child protection only. It is a basic life skill, which is necessary for all those in professional roles. If considered in the context of child protection, it is essential for social workers to be able to communicate with families, children and other professionals. Their skills should be honed through this module, which should prepare them for presenting and arguing cases on behalf of abused children. While a large proportion was satisfied with this module, a significant number did not feel this module prepared them well. More consideration needs to be given as to how enough attention is given to effective delivery of this module, in order to prepare trainees for a working life. Additionally, it is interesting that nearly double the number of dissatisfied students came from A, which indicates that the course was not delivered in an effective way at that particular institution. This raises the question that the quality of teaching this specific module at A may be more in doubt, rather than the module itself.

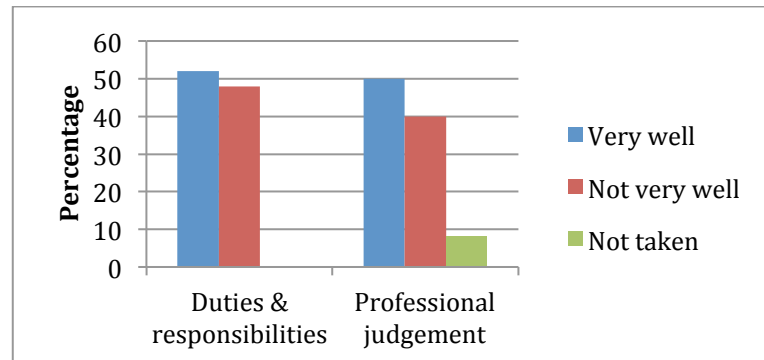
The topic of communication was also covered in the Communication Process in Childhood, where 53% of trainees identified that communication may affect the issue of childhood protection. However, 37% indicated that this topic did not address child protection issues very well (see Figure 7.6). The numbers suggesting that these topics are not relevant to their needs and job role is of concern, as these courses are fundamental to the overall understanding of child welfare. This indicates that the courses are not being delivered in a way that highlights their importance in the field of child protection. It is therefore of concern that the quality of delivery of certain topics is not contributing to the needs of the trainees.

Overall, in the topics which were related to the political environment in which they were going to work, the social work trainees at C were the ones who felt they were best equipped with the knowledge and understanding required for their role, indicating that their educators are delivering these modules well. Nevertheless it can be seen that there are substantial numbers at every university who do not feel they are properly prepared for dealing with child protection issues.

On a more fundamental level, one of the first topics that trainees studied across all universities was Professional Responsibilities, relating to professional preparation and

responsibilities, moral obligations, the role of the social worker in a team, and professional intervention and covers the duties and responsibilities of social workers.

**Figure 7.10 Trainees' evaluation of topics dealing with professional responsibilities**



Trainees were asked to what extent they felt the topic addressed child protection issues. Half of the sample thought it was very well covered, although an almost equal number indicated that it did not address the issue (see Figure 7.10). This raises the issue of the content of the topic in meeting the needs of the students, but it also questions the quality of the delivery. This should be one of the most important topics in the training programme as it sets out a code of conduct for social workers, yet half of the trainees did not consider it related to their role in child protection.

### **7.5.3 Relevance of Topics**

The perceptions of trainees were also taken into consideration in respect of the relevance of the topics they were studying. Relevance was defined as being related to helping them to cope with child protection issues when they completed their training and therefore preparing them for their future role in child protection. Topics associated with the political environment in which they operated were surveyed as to their relevance to the trainees.

Social workers in Arab countries generally, and in KSA particularly, do not yet have the support of the community in matters of so-called honour-related abuse, which is when behaviour is considered to bring dishonor to a family (Lindsay et al., 2011). Many adults and older individuals have emotionally misused ethnical and cultural honours to cause honour related abuse on younger members of the communities, most

of whom are children. It is for this reason the social work students were also asked about their views and understanding of the contribution of ethnicity and cultural relativism to the increasing issues related to child abuse in KSA. The findings indicated relatively poor statistics on the effectiveness of the Ethnicity and Cultural Relativism topic since only 38% of trainees expressed their understanding of this relationship (see Figure 7.11). This can be attributed to the fact that most of the social workers in KSA are members of local ethnic groups and are part of this culture, which to them may be viewed as a social norm, despite undergoing professional training in social work.

**Figure 7.11** *Trainees' evaluation of topics associated with the political environment*



The Serious Case Review topic (SCR) requires the social workers to reflect on and review processes and procedures, essentially when something goes wrong. It was identified that 47% of social work students acknowledged the effectiveness and understanding of the SCR topic in addressing issues related to child protection (see Figure 7.11). But there is still some concern, since 24% of the respondents believed that this concept did not contribute very well to solutions for responding to child abuse and another 29% did not have this knowledge. Almost half of the trainees from B did not study this topic. Instead of waiting for an incidence of child abuse, or even death to occur, in order to implement the SCR, it is important to conduct home visits to identify incidences and allegations of abuse, maltreatment, and neglect, before they can become serious. This exercise can then provide evidence-based assessment of parenting and determine the extent of provision of care and child protection required.

It is a very important module, which is why it is surprising that so few from B were encouraged to participate, and also that so many from that university were not satisfied with the module.

The importance of the political and social dimension is to provide positive support and an impact that cannot be achieved if social workers are tasked to accomplish this task on their own. This is based on the fact that social workers in their capacity as employees are not able to address a national issue of such magnitude. Social workers acknowledge the increasing incidences and overwhelming responsibilities on their part, part, and suggest that making the connection between social deprivation and harm may help to address issues related to child protection (Featherstone et al., 2014). This aspect of child protection was investigated among the social workers in KSA who identified that there was a big problem. This was based on the fact that only 37% of the social workers expressed that the Political and Social Dimensions topic contributed very well to addressing issues related to child abuse (see Figure 7.11). The remaining respondents (33%) did not believe that this topic sufficiently contributed to addressing child abuse issues. The other 30% had not studied this topic. Through political and social systems, child welfare agencies can be mandated to work with the community and identify the children and all aspects of child-related incidences that require protection, and formulate the best strategy to protect all children.

The Hidden and/or Under-reported Forms of Harm topic identified that 49% felt it contributed to issues related to child abuse and protection (Figure 7.11), whereas 28% indicated that this issue did not significantly affect issues related to child abuse. A significant 23% expressed that they did not have such knowledge. The fact that almost half of the respondents acknowledged this concept indicated that an almost similar number of respondents did not put the required emphasis on this issue, and thus indicated that more social-cultural training related to child protection was required among the social workers in KSA.

The Rationale of Studying Childhood Stages topic was felt by 48% to have positively influenced their understanding of child protection but 40% of the trainees felt this topic was insignificant (see Figure 7.6). With such a large percentage of trainees feeling it was not relevant to them, it means that the educators may need to review the

course content and demonstrate its relevance to child protection. According to the sample, 49% felt that the Definition of Childhood topic can help to address issues related to child protection, whereas 46% felt that this topic did not play a role in child protection and the rest claimed not to have studied it (see Figure 7.6). The relevance of this topics questioned, with so many feeling that it did not meet their needs related to child protection, although its importance may be more relevant at a later stage when they are working as practitioners. The Childhood Stages topic is also closely related to the Child Development topic where 62% of social workers agreed with it having a good impact on their understanding, whereas 34% disagreed (see Figure 7.6). This appears to have been considered more relevant to participants and perhaps could be reviewed in comparison with the previous topic to see if there may be ways of improving and ensuring that childhood growth and development are related to child protection.

It is important to apply a wide range of knowledge and skills to establish family relationships and the social worker should be able to use professional judgment to explain and evaluate the role of systems in providing social support to children and families. Half of the trainees felt the Professional Judgment Skills topic in working with families and children equipped them very well to deal with child protection issues, whereas 40% confirmed that they were not well equipped by this topic (see Figure 7.10). Apart from focusing on the professional understanding of child protection alone, social workers are required to have knowledge of parenting and the differing impacts of parenting styles, family, emotional and behavioural development, influence of culture, and social factors on child development (Wilson and James 2007). This enables them to take a professional approach in their dealings with families as well as colleagues. In learning about working in a team, trainees should have felt more confidence in being able to discuss decisions with others, and when interventions were required.

These topics are fundamental to the child protection role in training social workers to accept their professional responsibilities. It is disappointing to note the significant numbers who do not feel these topics equip them well for their future role. If trainee social workers do not feel they are well prepared for working in child protection, they

may decide to choose other career pathways. Alternatively, they may enter the social work role without the confidence and competence they need to fulfil their role.

## **7.6 Preferred Training Programme<sup>35</sup>**

As there was this deficiency identified by many in their university courses and as some of the social work students expressed the need to undergo more professional training, it was important to determine the kind of institution or professional training programme they preferred to facilitate the training. The findings of this study indicated that 60% preferred to undergo the National Family Support Programme, the SPD was preferred by 61%, the hospital was preferred by 41%, schools by 45%, and universities by 42%. This indicates a variety of different training providers, perhaps some more suited to delivering the specific skills or knowledge required. It is also noted that NFSP tend to use qualified trainers.

The mode of training they preferred would help to identify the best way these students would comfortably acquire the new skills. Finding indicated that 26% preferred lectures, 50% preferred workshops and discussions, 19% personal training through accessing web-based materials, 79% preferred field training, and 41% preferred obtaining a diploma in working with child abuse. These all indicate personal preferences, although it is noted that a majority indicated a more practical experience of field training. The actual application of the theory learned in their training programmes at university was considered to be more beneficial, and the trainees felt that they would learn more from social work practices in real life. These general responses came from the 152 social work trainees.

## **7.7 Areas for Development<sup>36</sup>**

Specific areas were considered to identify where further training needs may be required. When asked about whether they felt more training in child protection

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<sup>35</sup> Questions under this section were: 1. What is your preferred location for attending a professional training programme in child protection practice? 2. What type of professional training programme in child protection practice do you prefer?

<sup>36</sup> The question under this section was: What areas of child protection work do you feel you would like more training in?

systems in KSA was needed, 66% agreed that it was. This is interesting because although these trainees were already undergoing training programmes, they still felt they would like more on this. This indicates that there should be on-going development work and continued professional development to keep them updated. The same percentage felt more training was also required in children's rights. These are areas where legislation can change, and perhaps their views reflect this, which is a positive sign.

The definition of child abuse in both local and international contexts was considered an area for further training by 39%, whereas only 28% felt more training was needed in investigating suspected child abuse. This may reflect the cultural views of some of the trainees, where family matters are kept private (Akmatov, 2010) and outside intervention is not a tradition in Saudi society. Types of abuse was agreed as a further training need by 35%, and suggests that some may be considering the increase in numbers reported by Al-Eissa (2010) or the different kinds of abuse prevailing (Al-Thagafi, 2013).

A significant number (41%) would like more training on serious case reviews and 34% wanted to know more on care proceedings. Guidance on significant harm was identified by 36%, as an area for further training. Therefore, these statistics indicate that the skills and confidence of some of the social work students can be enhanced through training in these identified areas.

There are certain areas that need to be developed. These become more evident when specific responses to the questions are compared. When asked whether they felt they had enough information about child protection work in KSA, thirty-six (41%) agreed that they did. However, only ten (6.5%) of them had had any involvement with child protection cases on placement. This shows the need to give priority to ensuring that trainees are given relevant placements so that they can apply the knowledge they have. There were eighty-nine (59%) who felt they were not provided with enough information on child protection, and thirteen (56%) who had not had any exposure to child protection cases on placement.

A second area for development is linked to this. When asked about how well they felt their university course had prepared them for child protection practice, 62 trainees (40%) believed this had prepared them very well or quite well. Interestingly, 90 trainees (60%) felt confident about identifying child abuse issues. There is therefore every reason to expect that they should be able to deal with a practice placement in a child protection institution. It seems important to ensure that a trainee who is aiming for a career in child protection should have the opportunity of a placement in the moment and relevant institutions. If the trainees feel confident in dealing with such issues, then perhaps efforts should be made to ensure they also have opportunities.

There are good processes for social workers in general but the training programmes are not preparing trainees for a specialist role in child protection. In his report on social work education in KSA, Albrithen (2014) recommended that social work institutions regularly evaluated their programmes in order that they could update and make programmes more beneficial to students; as child protection comes more under focus due to the new laws, this is an area that certainly needs to be reviewed. If KSA wishes to produce its own experts in future, then it needs to ensure that a more specialised programme is available. This would also give more credibility to the field of child protection as it would promote the area of child protection as a career choice.

## **7.8 Practitioners' Perspectives?**

In addition to the trainee social workers' perceptions of the training they received to prepare them for working in child protection, it was important to find out more about the support the trainees might get from practitioners. This was especially when related to the practical work experience placements the trainees received, as interaction with their future colleagues could help with understanding their social work role. The training provided for practising practitioners was also explored. A total of 53 child protection practitioners, 39 social workers and psychologists, plus 14 training providers were asked about their experiences in working with trainees, and while some had experience of six months, others had up to five years.



### 7.8.1 Social workers

According to a practitioner from NFSP, trainees should be supervised closely and given the opportunity to answer calls. While on practice placements in KSA, the trainees have two mentors, one is from the university and the other is from the workplace placement area. One of the SPD psychologists told how she gave trainees drawings and asked them to analyse the problem. An SPD social worker explained that the students were given practical training on investigating problems before they met the alleged victims of abuse, and were then tasked to make phone calls and communicate with other services. Social workers in the schools create workshops and lectures for the trainees and a practitioner from SPD said they encouraged trainees to make presentations and videos and assisted them by giving them brochures on protection. SPD social workers will also accompany students on visits to hospitals and schools.

Although a social worker at the hospital confirmed that there really was no role for trainees there, they could follow different case studies inside the protection institutions. However, an SPD practitioners suggested they had more of a hands-on approach, where trainees were co-ordinated to carry out interviews, and then a file was made up for each trainee, showing which tasks they had performed while out on placement.

There was much positive feedback from practitioners about the inclusion of trainees in their workforce. A social worker from NFSP commented that they benefited from the current information trainees had on legal issues. SPD social workers noted that trainees were always smiling and optimistic, which was beneficial to everyone. The contribution of trainees seemed to be valued.

“The enthusiasm of the trainees and their desire to learn and understand the importance of cooperation. For example, trainees who are coming to the child protection fieldwork are cooperating with the child protection practitioners by going to schools to conduct lectures and workshops for the school students and it was so beneficial. One of the trainee students (kindergarten) created a training course on the specialisation of kindergarten and its importance for society, which was really great” (*Social worker 12, SPD*).

A psychologist from SPD explained that students are always ambitious and children like this age group. She described how trainees made entertaining programmes, which

they connected to children's behaviour, and she said she had personally benefited from this. Other practitioners noted that the innovative ideas trainees brought into the workplace was very welcome. This suggests that contrary to the notion that studying social work is an easy option, many trainees were actually creative and intelligent. Many social workers from SPD commented that they should take advantage of trainees' energy and enthusiasm for the work and in organising programmes and creating activities. From the responses of the practitioners, it was clear that the trainees brought with them new ideas and approaches, which the practitioners appreciated.

## **7.9 Summary**

Professional social work students are required to recognise the risk indicators of different forms of harm to children, including sexual, emotional and physical. This requires the workers to be equipped with knowledge in these different areas that can enable them to understand the impact of cumulative harm, especially the harmful practices that are considered social or cultural norm (Featherstone et al., 2014). Considering the fact that a significant proportion of social work students expressed that they believed these factors were not well addressed, the issues of child protection is a great concern in KSA. It would have been useful if the social work students could explain the concept of adequate parenting based on cultural, political, and social dimensions.

Traditional customs are entrenched in a society, and it is often difficult to break away from these. The traditional belief, for example, that the Saudi family is a law unto itself has an impact on the way society views child protection. Included in that society are the social workers themselves, who may sometimes have a reluctance to involve themselves in what they still consider to be a private matter. This is also within the context of a patriarchal society where men do not expect to be told what to do within their own family. The predominantly female social workers may not feel they are in a position to challenge the males, and may feel uncomfortable in attempting to do so.

There is a need for trainees to be equipped with adequate skills that can enable them to communicate clearly and effectively, using the best evidence strategies. Trainees also need professional knowledge and skills to understand the complex aspect of child support that involves engaging, motivating, and the respectful challenging of ethnical, cultural, and socio-economic issues affecting child protection.

The suggestions for further training show a large number of trainees indicating that they lacked training on child protection systems and children's rights. There appears to be an acknowledgement that these are both areas that can develop rapidly and need constant updating. Whilst the overall general training in social work appears to be acknowledged as satisfactory, the field of child protection does not seem to have enough focus. There also appears to be an imbalance between the theoretical knowledge acquired in training and the need for more training in practical skills. It is possible that this sample felt that general training programmes were more suited to acquisition of knowledge and that experience would help them gain more practical skills. This may be why 79% would prefer on the job training and academic learning as the mode of training delivery. However, it may also indicate that there are more entrenched cultural and complex issues involved, and that some of the trainees may not be entirely comfortable with dealing with child abuse.

Although 60% of trainees felt they had been well prepared to deal with child abuse, some of their comments indicated that this was only a very basic preparation. They wrote of having an awareness of children's rights, of reading many studies, and of knowing the indicators of violence. This is a good start, but may not prepare students for the realities of working in child protection. The 40% of trainees who were more cautious about their preparation suggested they still needed more skills in the field, and commented that dealing with children was a very sensitive issue, which they felt needed professional experience.

While there has been a focus on the social worker trainees, the findings appear to indicate that the recruitment processes for these students are not always discerning enough. The universities have all commented on the strange behaviours of some of the trainees, suggesting that they may not be suited to a social work role. However, it may be that some of these trainees are service users themselves and can contribute

greatly to the understanding of other users. Other educators have mentioned that the processes between school and university may need to be strengthened, and that there is a lower entry requirement for social workers than for other specialisations.

Currently there are no criteria in KSA for selecting students for social work, which means that any student can choose this programme, regardless of their educational qualifications. This indicates that a more rigorous selection process may need to be set up in order to ensure that the social workers destined for a role in child protection are the right people for the job.

Given also that the preferences seemed to indicate that students were more satisfied with practical placements than theory driven knowledge, there may be support for the educators' concerns that the students did not have the academic abilities for the role. It is a very important role in Saudi society and yet the indications from these findings are that, from the students' perspective, their training programmes are not preparing them well for dealing with issues related to child protection. On the other hand, from the educators' perspective, the students are not attending classes and are not showing enough commitment to their future role in this field. Overall, the findings indicate that social work trainees are not being well prepared for working in a child protection role, and this is a matter of concern. Whether the students are not capable of fulfilling the role because of a lack of interest or ability, or whether the training programmes are not meeting their specific needs, the indications are that there is a significant deficiency in preparing trainees for a role in protecting children from abuse.

The different results from the three universities on the extent to which trainees felt they were prepared for a role in child protection has highlighted the quality of delivery of training. At University B, for example, there are more trainees expressing dissatisfaction with their modules, compared to the other universities. This may be a reflection on the teaching at B, as similar topics are being covered, and there is nothing to differentiate between trainees on these courses.

It has been shown that there is a positive relationship between students getting information and feeling confident in identifying child abuse issues, and trainees do feel that they are receiving adequate information through their university courses. Yet the educators do not feel the trainees are being properly prepared, either because they

are not attending classes, or because they are not of the highest quality. In addition the practitioners do not feel confident that trainees are being properly prepared for their role in child protection. From the trainees' perspective, they are not wanting more development of training programmes from a theoretical viewpoint, but they have made it clear that the application of this theory needs to be developed. This is further evidence that it is the placements where the focus should be in preparing trainees and developing their skills.

The perceptions on student training programmes, taken from the perspectives of trainees, educators and practitioners, have helped to provide a valuable contribution to making recommendations for improvements and change. It is with these evaluations and reflections that this study is in a position to review all the responses and make recommendations for organisational change based on practitioner experiences. From a ToC perspective the perceptions of all the participants indicate what change needs to occur and findings provide a basis for how this change should take place.

The small changes that have been highlighted show how a ToC perspective has allowed the identification of how change is needed and what change will be most effective. This is especially important within the context in which change is to happen. All change is dependent on the practitioners and each context will have a different focus on what is needed. The changes required in the KSA context are different from changes that may need to be implemented in other contexts. It is also important to remember that much of the social work sector has depended on input from Western contexts and these may not be applicable in other contexts. That is why it is essential to elicit perspectives of those operating within a specific cultural setting. In KSA the impact of gender, for example, has been more to the forefront and this would have been disregarded in a Western context. However, the difficulties for females, and to some extent males, working within child protection in KSA have been shown through the findings of this study. In providing different perspectives from those most involved, small and manageable changes can be considered as a first step towards improving the whole child protection system in the country. The final chapter concludes this study and puts forward suggestions for change, in order to improve responses to child protection issues in KSA.

# **Chapter 8 Conclusion and Recommendations**

## **8.1 Introduction**

The study has identified issues in practice when working in the child protection field in Riyadh/KSA and ways in which the quality of professional training for practitioners could be improved to enhance responses to child abuse. Issues perceived by practitioners included the lack of communication between agencies and the need to raise awareness of child protection in KSA. In respect of training, the practitioners identified a lack of relevant training courses. Issues perceived by social work trainees tended to be based on their placements not being related to child protection, whilst educators perceived the quality of trainees and their lack of attendance at classes as being the issues. Current programmes raised issues of relevance and shortage of provision, along with some concerns about the cultural aspect of training.

The recommendations emerging from this study are based on the perceptions of practitioners, and are therefore in line with a ToC approach, which is rooted in evidence. It provides evaluations and reflections based on actual practice and uses these evaluations and reflections to shape any ideas about how organisational change might take place. This means that any recommendations for change have been carefully considered, upon reviewing responses from those working in the field of child protection, who are responsible for implementing the new laws in order to protect children from abuse. ToC in this study has therefore been used as a framework that can be applied to the organisations associated with child protection in KSA, helping the researcher to map ways for how change might take place.

With the introduction of the 2013 laws in KSA, the process of change is taking place and the perceptions of the practitioners in child protection show that it is still a process in progress. Change is happening, but there is still some resistance to this. There are signs that change in the legislative and policy framework is increasing awareness and more cases of child abuse are being reported. However, practitioners

were slightly overwhelmed by these changes and felt there was a lack of support from the community. They also felt they did not yet have the training to be able to carry out their role in applying the protection laws effectively. Possibly due to the changes taking place, there is not yet enough home-grown expertise to provide the professional development that practitioners feel they need. The practitioners were concerned that there was still little understanding of the 2013 laws within their own field and that specialists in child protection were very limited in KSA at this stage. A ToC approach is helpful in this context: the recommendations for change are not fixed, but can always be subject to ongoing review as new evidence becomes available.

The changes in legislation do not seem to have made their way into the curriculum taught in the social work departments of the universities, and this may also be because the process of change is taking place relatively slowly. Trainees and educators are still culture-bound and there is reluctance to take a stance against Saudi family traditions. It was also seen that educators had quite fixed views and these may take time to modify. For example, there were many comments that the calibre of social work students was below that anticipated, yet these educators did not view this as an opportunity for widening participation, or have ideas about how to support or develop their learning. Students who have been users of social services could provide much value to these courses, yet currently they are regarded in a negative way. It is, however, also indicative of the process of change that such students are now taking up places in social work programmes.

## **8.2 Process of Change**

The ToC regarding child protection training also involves changing attitudes of communities and therefore is a process of social change, which cannot be implemented in the short term. With child protection in KSA there are important societal attitudes that are embedded in Saudi culture. These include the rights of the family to privacy and the rights of the parent to discipline their child. Changing these attitudes to an approach that is centred on a child is a challenge in a country where extended family communities do not accept outside intervention. This is also seen in the attitudes of the social work practitioners, who come from such communities

themselves. However, it is evident that change has been taking place in KSA, in the light of 2013 legislation that have been introduced. Previously, child abuse was very much a family matter, but now it has become a societal matter, as it has been made a criminal offence and is acknowledged and discussed in the media. This indicates a significant change, but there are still more changes to be made. These changes include a campaign of awareness and education about the implications of child abuse so that the wider message is communicated to communities. It also requires leadership and a respect for the status of those involved in protecting children. Practitioners did not feel that communities were supporting them, but there was also a perception that their organisations were not supporting them in providing them with the right skills and knowledge to carry out their role.

There are other signs that change is taking place. Social work trainees reported that they were involved in preparing materials for awareness in schools, therefore there is action being taken to improve awareness and education. A further change is that practitioners were seen to be aware that they needed more professional training to update their skills, and that they recognised the need for such training to come from specialists in the field.

### **8.2.1 Barriers**

As mentioned, traditional attitudes take time to change, despite the governmental decrees. Many, but not all, of these are gender-based. There are therefore certain barriers to tackling child abuse in KSA. These include a lack of political will, a lack of understanding and awareness of the differences between discipline and abuse, a reluctance to report abuse and in the view of the research participants a lack of relevant training for social work practitioners. Practitioners felt there were barriers to them taking up training places, even when they were available, as their specific training needs were not taken into account. There were also complaints that the right kind of applicants were not being introduced to social work programmes, and that not enough on the job training took place to give new social workers the opportunity to gain experience in the field.



Political will is a barrier that is strongly linked to the way in which tribal allegiances may have more influence over change than is realised. Participants in this research mentioned that abuse carried out by certain members of society would be ignored by the authorities. This is a cultural issue and is likely to be difficult to change in the short-term.

### **8.2.2 Interventions**

Consequently there are certain interventions that are necessary to bring about change. Raising awareness is certainly one of these. This may also help in promoting change as to political will, given the strength of the extended family, if child abuse is seen as something abhorrent, then Saudi society will gradually understand that there is a difference between disciplining a child and abusing a child. An awareness campaign that is highly visible would help to promote understanding, but more could be done in the schools and local communities and access to social media. Using celebrity endorsements has often been found useful in getting people to listen, and they could then point people in the direction of local campaigns (Biswas et al., 2009).

Saudi families are very private and this is why child abuse can often not be identified as the families try and cope internally. Awareness programmes exist but the more awareness of ways in which child abuse can be prevented can only help those working in child protection, who need the full support of Saudi society. This may take some time as it is Saudi traditions that need to be changed and these are likely to need much awareness training so that new generations are not influenced in the same way as the older generations. If awareness raising continues in the schools, then there is hope that change will take place.

People should not be made to feel they may be blamed if they report abuse. A system for reporting suspected child abuse needs to be confidential and followed through. A properly trained social worker could liaise with schools to monitor the child's behaviour, and not involve the family unless necessary. At present the findings from this study indicate many such allegations about child abuse may be false.

Given that 90% of the practitioners believed that the punishments for child abuse were not strict enough, consideration should be given to the current system of writing

pledges to stop offenders from repeating the offence. There are no statistics available to monitor the number of repeat offenders but, from the responses of the practitioners, it is possible to infer that the pledges are not enough to deter abusers. There are as yet no regulations or enforcement to ensure that offenders participate in any remedial treatment, and the short prison sentence of up to one year for serial offenders is not a strong message to other offenders. In addition, there is no system for following up cases where there has been an initial report of violence, and few offenders are ever brought to justice.

Training practitioners in dealing with awareness campaigns and in dealing with following up on reported cases would benefit local communities. It is clear that many practitioners want to improve their knowledge and skills and need relevant training to do so. More training needs assessments would help to identify skills gaps and would ensure that training opportunities were not lost. The importance of training needs assessments does not seem to be recognised yet it would be a major step towards change.

Practice placements are a valuable way for keeping social work trainees interested in the work and, as the findings from this study indicate most appreciate being able to apply their knowledge. Within their training programmes, more emphasis could be given to extending placements and providing placements that may be relevant to child protection. This would not impact on the university programme, as poor attendance has been highlighted by the educators. Changes in the way in which young people are recruited onto social work programmes is another area where intervention may be required. As long as it is regarded as a field where high grades are not needed, then it will not help the professional status of social work practitioners, and more thought may need to be given to providing early practice experience so students are aware of the reality of the professional role.

### **8.3 Implications**

This study has offered new information on child protection issues in KSA and can add to existing knowledge. It is therefore presenting a valuable contribution to existing

literature, given that this is currently so limited<sup>37</sup>. In addition it provides a snapshot of the social work being carried out in relation to child abuse at a time of change, when new laws are being implemented.

### **8.3.1 Cultural dimensions**

The role of men within Saudi society is a challenge for the female social workers, especially as most of those who are working in administration, taking decisions in the Ministries, and the policy makers are all male. Tribal loyalties are paramount within Saudi society; the local police have also been seen to disregard instances of child abuse when the perpetrator is someone well-known in society. Not only does it cause difficulties for women to enforce their professional decisions, but even when there are signs of child abuse, families tend to close ranks and protect the perpetrators.

In addition, as indicated from the findings, the organisation of training courses does not always take into account the family commitments of women; late sessions are not always suitable for them to attend such courses. It is still a cultural custom that women are responsible for their families, even when in full-time work, and the family must take priority. This sometimes has the effect of putting a women under pressure and may affect her professional practice, as well as have an impact on her attending any activities outside the normal working hours.

### **8.3.2 Gender Inequalities**

The issue of gender was also raised by participants. In Saudi society it is not acceptable for men and women to mix and it was mentioned that internal programmes in SPD were aimed at women. It was clear that there are a large number of women working in child protection and the sample of this study showed that just seven from a total of two hundred and fifty-six were male. This is a general reflection of males within social work generally. However, some of the male participants felt they were marginalised when it came to training. It is more difficult to justify training sessions for a very limited target market, especially when such training sessions are infrequent or over-subscribed.

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<sup>37</sup> See Chapter 2 & 3, for the Literature Review

There is some indication that the education of women regarding violence has not yet been fully addressed. This may continue to be an issue unless gender differences in Saudi society shift, as it was also seen that women are often afraid to say anything about abuse being carried out on their own child, being afraid it will lead to divorce. Other women are in fear of their husbands and refuse to speak against them when taken to police stations. Apart from fear, there is also the shame that comes from admitting to child abuse in the family, and consequently many women will not report such abuse.

Women may also find it more difficult to visit families in their homes as they are not allowed to drive cars. Whilst it may be possible to use taxis within the urban areas, it becomes more of a challenge in the rural regions. Rural communities are also less likely to welcome any intrusion from an outsider, especially a woman, as it goes against traditional practices, whereby women's professional opinions may not be valued.

### **8.3.3 Training Needs**

The findings suggest that some child protection practitioners such as social workers, psychologists and police, did not actually have any training in child protection; this is likely to have an effect on their responses to child abuse. The topic of training is therefore sensitive for two reasons; one is that some of these practitioners feel embarrassed about their lack of knowledge due to insufficient training and they do not have the confidence to speak about child protection. Their poor background in this area means they cannot take a professional approach to child abuse. Secondly, most of the social workers in child protection are women and they have more opportunities than males of accessing training. The female social workers mainly have to deal with the perpetrators of child abuse, who are mostly male. Therefore, there should be more focus on recruitment of males to work in child protection, so that they can be trained to deal with the male abusers. Because of the cultural sensitivities, female social workers find it very difficult to speak to the predominantly male perpetrators of child abuse, and therefore there is a barrier to responding to child abuse in KSA.

There is additionally the challenge of delivering training courses to professionals working in child protection, who are so dispersed across KSA that they are difficult to reach and locate. The training providers have only been able to visit a small number of rural areas; this suggests that, whereas child protection support and training may be available in Riyadh, it may not be available in the areas of greater need. These rural areas have been neglected, yet the more entrenched traditional customs in such communities may indicate that child protection training should be a priority.

Recommendations may be the basis for new policy making towards training and professional development training for social work practitioners, as this is a much needed area to be improved and developed. The views of practitioners make sense of the ToC and provide the information needed for making decisions on policy. All involved in child protection need professional training to be able to respond effectively to child abuse in KSA.

#### **8.3.4 Empowerment of Social Workers**

As long as child abuse is accepted, then child protection roles will not be valued and respected. Therefore, it is positive that the 2013 laws have identified child abuse as being a criminal offence. This will give support to the roles and perhaps encourage more to take up child protection as a much valued career choice in the future. It will then improve the status of social work practitioners and allow them to take up their place as valued members of society.

The lack of specialists in child protection has made it difficult for expert training to be provided and this again will take time to change as many specialists are choosing to work in other fields rather than in child protection. With the 2013 laws and more awareness of the importance of child protection, this may eventually improve. However, there is still opportunity for external specialists to deliver training in KSA and this may be a short term solution for the limited resources and overall lack of expertise. There is therefore some justification for carrying out a policy review in this respect and to consider how courses can be delivered in a language people can understand. The trainers themselves may need to be trained to provide an effective solution.

It is clear that having a professional body representing the social work sector in KSA would benefit educators and practitioners. Being part of a national association would help to show recognition of the professional role of social workers and the development of such an association can only benefit everyone involved in child protection. They can then link to other regional and international organisations and in this way collaborate with colleagues and learn from the experiences of others. This will reinforce their expertise and provide instances of professional development. KSA could use as a model the way that Jordan has set out to professionalise social work and enable links with the global community, as Jordan has recognised the many commonalities to the profession, despite the unique context within which their social workers are operating (Al-Makhamreh and Sullivan 2012). There are many aspects of social work where other countries have faced challenges, such as the dynamics of gender (in that social work tends to be dominated by females) and the issues in having social work recognised as a profession (Al-Makhamreh, 2008; Cocks et al, 2009; Jennison and Lundy, 2011). However, it should also be recognised that KSA needs to localise practice and first of all ensure that it has a framework in place that is relevant to its own specific context.

## **8.4 Recommendations**

Based on these responses from this study, there are certain recommendations that can be made for child protection practitioners, training providers, educators in universities, and social work trainees in the area of child protection, to deal with child abuse in KSA. Moreover, a series of child protection programmes have been discussed with child protection practitioners, training providers, social work educators and trainees in KSA for future reference in child protection.

### **8.4.1 Child Protection Practitioners**

Based on the results and findings, it is recommended that practitioners should have related qualification and training to deal with children in need of protection. The findings of the study show that child protection practitioners in KSA lack relevant

training. Regarding qualifications, practitioners should have a degree in Social Work in Child protection or a similar welfare or behavioural related degree such as a Diploma in Community Service Work. This should be accompanied by practical experience of counselling and casework. In this way, the social worker's qualification and experience should complement knowledge of the impact of trauma on the child's development, behaviour, and family dynamics. In other words, they should have both skills and knowledge to deal with abused children and problem families.

According to the BASW (British Association of Social Workers), the training for social workers in the UK is structured around university qualifications. Potential social workers have the choice of enrolling for a degree in social work (BA), or a master's degree in social work. Those who intend to access the route through a masters qualification are required to show that they possess a good understanding of social work, and are experienced in areas of social work or social care. This experience may be paid or unpaid, and could include experiences gained from lived experiences. The curriculum is put together by individual universities but is focused on the role of social work and the legislations that apply. Other elements that are included in the curriculum are ethics, values, social work theory, and research. Great emphasis is placed on practical experience and this is in the form of placements in social work related settings. Social work students are also taught how to work in partnership with other agencies (BASW, 2016). In order to maintain good standards among social workers, and to ensure that their knowledge is up to date, they are expected to take Continuous Professional Development (CPD) courses, which stand as evidence of further learning. This is a requirement for renewing their professional registration (BASW, 2016).

While looking at the practice of child protection in the UK, it was found that child protection practitioners have more initiative and are more proactive, and look for ways of being involved in the family of the child to avoid future crises (Baki, 2004). They are able to identify families at risk and work with them. Moreover, they are able to adapt to unusual settings and traumatic situations. According to Healy, Meagher and Cullin (2009), the role of social workers is more important of providing support, they also guide people to behave in certain, more positive ways. In the UK it is suggested that practitioners should be empowered to deal with different aspects of

childcare and welfare. Al-Rodiman (2013) acknowledges that the role of social workers in child protection has to be more proactive in KSA (Al-Rodiman, 2013). However, a Western-based approach may not be the right approach for KSA due to the gender dynamics of female social workers operating within a patriarchal society. There are, nevertheless, areas in which they can make a difference and where changes will provide their professional role with more authority.

A practitioner should be more involved in educating the parents, supporting the parents, and building family empowerment (Barr, 2008). Currently, practitioners in KSA understand the importance of raising awareness, though many are reluctant to get too involved in family matters. Therefore, the situation in KSA does not encourage those outside the family to allow such bonding. However, as shown by the success of the UK experience, it is recommended that practitioners teach families, and Saudi society in general, the importance of taking on board external help for the sake of their children (Chawla and Cushing, 2007). Furthermore, the UK training programmes also recommend that practitioners should socialise with, and learn from, colleagues from other agencies, so that they are able to recognise different ways to deal with a victim, which may be approaches they have not considered. According to Ferguson (2004), a practitioner must always take a preventive approach in dealing and operating without hesitation to help a family. The aim of the practitioners should be to establish a support service that is not only accepted by their society, but also deemed as a family support (Benbenishty, Rami, and Surkis, 2002).

In KSA, the practitioners involved in dealing with child protection do not feel properly trained, in the sense that this serves to emphasise the fact that they should receive proper training and education to handle child abuse (Al Eissa and Al-Muneef, 2010). In the UK training programmes, through proper education and training, practitioners are taught how child abuse cases should be handled according to the cultural and social setting of a particular country (Ferguson, 2004). Hence, it is recommended that ways with which the children and their families are familiar should be considered for helping them. According to Gillingham (2011), one of the most important aspects of a childcare program is to build a relationship with the child and their family. Small accomplishments can make a difference and will make the job worthwhile (Myers and Diedrich, 2001).



The KSA government in this context should look to establishing rules and regulation, which hinder the practices of child abuse (Al-Eissa and Al-Muneef, 2010), in particular this should relate to prosecution of abusers. Moreover, the government should also recruit qualified practitioners and with their help educate the local communities regarding the negative aspects of child abuse, including that it is now a criminal offence. Practitioners may not have had adequate training in dealing with the general public, yet they are in an optimal position to present to local communities an awareness of the issue of child abuse. It is recommended that regular reviews of job roles should take place so that social work practitioners understand the limits of their role, but at the same time are encouraged to develop skills that will enable them to carry out their role more effectively. The model of social work and child protection in the UK is a useful foundation for developing systems appropriate for the very different context of KSA. In addition, KSA needs to look at its local neighbours to evaluate the processes and procedures which are most relevant to this specific context. The model developed in Jordan is a good example of how social work practices can comply with local traditions and be culturally relevant. This would then enable KSA to have the opportunity to develop a national association, in the same way that Jordan has been able to start doing, to underpin the professionalism of social workers in the region (Cocks et al, 2009; Sullivan et al, 2010). The Jordanian National Association of Social Workers has developed its own code of ethics, in recognition of cultural and religious ethics (Al-Makhamreh and Sullivan, 2012) and there is much here for KSA to consider in its own development of a code to guide its professional social workers.

#### **8.4.2 Training Providers**

This study has found that training providers are not satisfied with the training they receive as they do not feel they are fully prepared to respond to child protection issues. According to Mathews (2014), in regards to the situation in KSA, it has been observed that training providers are not playing a sufficiently effective role in the implementation of child protection laws. The goals of UK training programmes are to train providers in preventing child abuse. It is to make them aware of potential areas of concern and become more proactive (Gillingham and Humphreys, 2010). The best way to prevent child abuse, according to Saunders and Anderson (2000), is to support

the families and provide training with skills and resources that help them to cope with difficult situations. Further, the UK training programmes recommend training children in confidence and strength so that they can learn to protect themselves and fight this social evil, it is consequently a matter of importance for whole communities.

Other than this, the child protection programmes should also ask the trainers to organise programmes which invite volunteers to participate and provide family support services that can be sent to different schools and universities after providing training (Krinsky, 2007). Volunteers can make significant contributions to ensuring the healthy development of children in need. In other countries working against this social issue, such programmes are often designed to help young parents and future parents improve their parenting skills, and foster self-sufficiency (Krinsky, 2007).

Training providers do not carry out any training needs assessment before their classes. It is recommended that it is their responsibility to monitor the training of participants and to send reports of progress back to the departments, so that gaps in individual training schedules could be recorded. This would also check the relevance of courses for individuals and the number of courses attended, ensuring that there was a fairer system of allocation.

In order to encourage more uptake of continuous professional development, Cardona et al. (2016) suggest that there should be incentives and that there should be more access to training. Training providers should be prepared to offer flexible delivery, especially at times and in places to suit practitioners.

#### **8.4.3 Educators in the Universities**

It has been argued that the primary goal of an education system is to teach, hence in order to do it is necessary to remove the obstruction that hinders a child's ability to learn (Ferguson, 2004). The KSA schools and universities only aim to teach students from course books, but do not focus on their character building skills. However, according to Ferguson (2004), the aim of schools and universities should be to develop the student's professional resilience and their understanding of the wider social context in which they will be practising, not just their ability to pass exams. The educators themselves felt they were not getting the support they needed from the

students who, they complained, did not attend classes and were of low ability. Training the educators in teaching methodology and ways in which to engage the students is important and CPD for educators is seen as significant as part of their professional development. Therefore, the UK training programmes recommend that the educators should be trained in such a way that they are able to recognise and intervene when students are unable to benefit from the educational opportunities provided for them (Ferguson, 2004).

#### **8.4.4 Social Work Trainees in the Area of Child Protection**

The social worker's role in childcare is to nurture, teach, and take care of children. KSA does not have much respect for the status of social workers and the limited scope available means that lower level entrants tend to be involved, who are neither trained nor qualified for taking care of the children (Al Eissa and Almuneef, 2010), whereas the UK training programmes suggest that a social worker trainee should be both trained and qualified, as the trainee has to ensure that the children are safe and well cared for. Therefore, it is recommended that qualified personnel are recruited for this job or they are trained according to requirements before exposing them to childcare (Clarke, 2001). More postgraduate training may be required to both maintain and increase professional competencies (Cardona et al., 2016).

Moreover, for achieving the best results from social workers it is important that they are given proper training and courses such as training on safeguarding children and reinforcing necessary skills and knowledge to identify, respond to signs and symptoms of children experiencing abuse (Munro, 2011). It has been shown in this study that trainees often avoid such training programmes. However, the UK training programs recommend that they must be motivated to be part of such programmes so that they are able to respond efficiently to all possible concerns and dangers (Clarke, 2001). By holding child abuse prevention programmes these social work trainees can be further trained (Krinsky, 2007). Furthermore, it is also recommended that the social work courses should include the principles of integrity, honesty, empathy, and respect, showing fairness and courage by being part of the team in protecting children.

Students' views on what they believe would be relevant and useful in their training programmes is also recommended. These could be facilitated through focus groups to promote discussion. Cleak et al (2016) found that reflection on practice was less valued by students, yet this is considered to be fundamental to developing professional skills. It would therefore be beneficial to educators to understand what areas would motivate students, but also to involve the students more in their own professional development.

According to Spencer et al. (2014), in the UK the Frontline programme has been successful in attracting high achievers to social work by offering a two year graduate leadership programme. Graduates are paid while being trained in leadership and social work skills, they spend one year on the job training, and they can achieve qualified social worker status as well as a Master's degree in Social Work. Such a programme introduced to KSA would ensure that the right level of applicants were attracted into social work as they would be aimed at high achievers. Furthermore, it would also allow specialist child protection training to take place over a longer period of practice placements.

#### **8.4.5 Agencies**

One of the issues when carrying out this study was that very little statistical information was available on child abuse cases. The governmental agency and such agencies are not as flexible or transparent as non-governmental agencies in KSA. This presents a dilemma for researchers in KSA, as relevant, current and accurate data are essential for the process of change. It is therefore recommended that governmental agencies should be lobbied to commission relevant research, and that they should then provide the necessary access to the data required.

Another of the issues identified in this study was the lack of co-ordinating efforts between agencies. This prevents full investigation of any case of violence, or suspected violence, against a child. Having a system whereby there was sharing of information would ensure that progress of each case could be monitored, and this would also identify cases of potential abuse as reports or allegations of abuse could be checked against the records made available across all agencies.

## **8.5 Further Research**

This study has focused on training issues related to child protection in KSA. There is still much scope for further investigations on specific areas of child protection, such as the quality of family visits by social work practitioners working in child protection within KSA. More research is needed on child protection in areas outside the main urban area of Riyadh, particularly in rural areas where there may not be the same processes in place, and where family allegiances may be stronger. This is an area of concern as there may be child neglect issues in these areas where the social work provision is limited. This would allow comparisons to be made, as Riyadh has many resources, which are not available in rural areas. In addition, there are likely to be more cases requiring child protection in areas where the levels of sophistication seen in a city are lacking. Poorer rural families do not have the same access to resources nor to awareness and implications of these protection laws.

Another area for studying further may be the perceptions of Saudi society towards child protection to find out if the laws are changing attitudes. Although there are Western style approaches to child protection, these may not be applicable to KSA, therefore a model more acceptable may well be worth investigating. There is a real need for developing social work approaches that are relevant to the Saudi context. More comparison work with other countries, which also have a Shar'ia legal system and are also developing child protection systems may be important.

Restrictions on time prevented the social work trainees from being interviewed, and this would have added to the depth of understanding of some of the reasons for the lack of satisfaction with their training programmes. It would also have provided more information on specific areas, such as why they did not attend classes. However, it was beneficial to be able to collect data from them through a survey, despite such questions not being answered. A future study would further benefit from interviews with social work trainees, to determine the dissatisfaction with their programmes. Observations in work placements would also add to knowledge about preparing trainees for roles in child protection.

## **8.6 Summary**

This study has added much new knowledge on social work in KSA and has highlighted the challenges faced by child protection practitioners and social work trainees. It has focused on the 2013 laws criminalising child abuse in KSA and provided the perceptions of practitioners on how they are adapting to working within these new regulations. The study has shown that change is taking place but that not everyone is well prepared to face this change, and that the issues are complex. There are some significant issues in the field of child protection. Educators perceive that their social work students are not good enough, trainees perceive that their training programmes do not prepare them well, and practitioners perceive a lack of specialist professional development training. Change may be occurring but there is still much to do.

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# APPENDICES

## List of Appendices

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## Appendix A: The preliminary interview guide questions of phase one

### (1) About You:

- a. Do you work in the Social Protection Department or in the Ministry of Social Affairs?
- b. What is your job title?
- c. Years of experience in this job:-----
- d. What qualification do you have? What is the subject of your degree?
  
- e. Are You: *Click ✓ in the appropriate answer.*
  - 1- Male ☐
  - 2- Female ☐
  
- f. Which age group do you belong to?
  - 1- Under 30 years old ☐
  - 2- 30- 35 ☐
  - 3- 35- 40 ☐
  - 4- 40-45 ☐
  - 5- Over 45 ☐

### **(2) Overview of policy and practice at Social Protection Department:**

- a. What are the main responsibilities of your job?
  
- b.** To what extent does your work involve?
  - 1) Development of policy: e.g. (improve the procedures for how to respond to abuse and if the policy and procedures is updated to protect abused children).
  - 2) Implementation of policy: e.g.(provide a structure for the procedures that the Social Protection Department will follow in order to maximize safety).

- 3) Development of Practice: e.g. (how children and young people are protected within your work).

**(3) General Information (Pre-Care):**

- a. How many institutions are there in Saudi Arabia to protect children from abuse and neglect?
- b. What sort of records are available about the numbers and characteristics of children involved with the Social Protection Department? How can these be accessed?
- c. What are some of the reasons children get involved with the Social Protection Department? What would you say is the main reason?
- d. How many children (still living with parents – ie pre-care) are known to the department at any one time?
- e. How does the Social Protection Department intervene in situations where children are identified as being at risk or as being victims of abuse and neglect by parents?
- f. What kind of preventive processes are available to protect abused children in Social Protection Department in Riyadh?

**(4) Children's home:**

- a. What are the criteria for deciding that a child should be removed from their family?
- b. From your perspective, what are the processes for removing children from home?
- c. How would you describe your experiences in dealing with the following authorities in relation to removing children from home in investigating all agencies of child abuse?
  - **The Police**
  - **The Courts**
  - **The Medical Officers**
  - **Schools**
- d. After removing children from their parents:
  - (1) **What are the options?**
  - (2) **Where do they go?**
  - (3) **Who is caring for them?**

- e. What sort of direct work is done in Riyadh with children while they are in care?
- f. What sort of direct work is done in Riyadh with parents while their children are in care?
- g. What kind of therapeutic programs are available to improve parenting and/or support abused children in Social Protection Department in Riyadh?

### **(5) The Outcomes of the Social Protection Department**

- a. How long do the majority of children remain in the care of Social Protection Department?
- b. What proportion of children coming to the Social Protection Department stay until they reach the age of independence?
- c. What proportion of children leave to return to their family?
- d. Is there any consultation for children looked after in Riyadh
- e. What are processes for reviewing the cases of children who looked after in Riyadh?
- f. To what extent are children involved in decisions about their care?
- g. How would you describe the care provided to children who are looked after by the social protection department?
- h. If children are staying for a long time at the Social Protection Department, how are they doing afterward as young adults?
- i. What does the department do to prepare children for leaving care?
- j. What are the policies in place to support children returning to their family and leaving the Social Protection Department?

### **(6) Professional Training and Programs**

- a. What sort of training in child protection procedures is available for practitioners at the Social Protection Department in Riyadh?
- b. What kind of training is available for practitioners at the Social Protection Department in Riyadh for therapeutic programs?
- c. From your perspective, what do you think Riyadh does well with regards to child protection in terms of:

Protecting Children	Intervening with Parents	Supporting Children

- d. Regarding point (c), what could it do better?
- e. From your experience, could you compare Riyadh with other parts of KSA in child protection processes?
- f. From your experience, how does policy and practice here compare to what you know of child protection practices elsewhere in the world?

## **Appendix B: Interview guides questions of phase two (Main study)**

### **B1 Interview Guide for Educators**

#### **Background information**

- a) At which institution do you work?
  - 1. Princess Nora University
  - 2. King Saud University
  - 3. Imam Mohammad Bin Saud University
- b) What is your highest qualification?
  - 1. PhD
  - 2. Masters
  - 3. Bachelors
  - 4. Diploma
  - 5. Other (please specify): \_\_\_\_\_
- c) What is the subject of your degree?
- d) What is your professional qualification?
- e) How many years of experience do you have of teaching social work around family and child protection practice?
- f) How you got involved in work?
- g) What you like about your job? and what you do not like ?
- h) What type of professional training have you had apart from your formal education?

#### ***Education programmes***

- a) What parts of the current curriculum is specifically tailored to child protection at the university?
  - Which part of the curriculum do you cover in?

- How do you cover it?
  - What is done?
  - Do other agencies/ organisations get involved in developing the training curriculum for the social work course generally and family and children course specially?
  - Please provide an example for this?
- b) What qualifications and skills do you think that students need to become a social worker in relation to child protection?
- What is the selection criteria for prospective students
  - What processes are in place for preparing students for careers in child protection practice?
  - Do you feel that these are adequate or are more needed?
  - Apart from students' courses what else do you require from students as part of their training in child protection.
  - Do you think it is helpful if students get some experience in the social care sector before applying for a qualifying programme? Why?
  - What do the social work course and the lectures do to help students be ready for the child protection placement?
  - How does the university make sure that the students get the appropriate skills in relation to child protection?
- c) What are the challenges that you face in providing child protection-training courses?

### ***Summing up***

- a) How do you know whether the aims of the child protection-training programme courses at the university address the aims of child protection organisations?
- b) Do you get Feedback from students about the training programmes provided? How?
- c) In your view, what characteristics of child protection training programmes courses in Saudi universities enable practitioners in social protection centres to work effectively with children and families in the future?
- d) In your view, what should be done to improve professional child protection training programmes to respond to child abuse in KSA?

## **B2 Interview Guide for Practitioners**

### ***Background information***

- a) At which institution do you work?
  - 1. Social Protection Department
  - 2. Ministry of Social Affairs
  - 3. National Family Safety Programme
  - 4. Al-Wafa Association
  - 5. Schools (please specify: primary ☐; Secondary ☐ or high school ☐)
  - 6. Hospitals
  - 7. Other (please specify): \_\_\_\_\_
- b) What is your highest qualification?
  - 1. PhD
  - 2. Masters
  - 3. Bachelors
  - 4. Diploma
  - 5. Other (please specify): \_\_\_\_\_
- c) What is the subject of your degree?
- d) What is your professional qualification?
- e) What is your job title?
- f) How long have you been worked in this organisation?
- g) How does the work in this organization fit your professional qualification or experience?

### ***Child protection practices***

- a) What is your understanding of your organisation policy in responding to child abuse?
- b) What is your organization role in responding to child abuse?
  - So, within your organisation what is your role in responding to child abuse?
- c) How has your education/work experience prepared you for responding to child abuse?

- Where did you get the preparation from?
  - How did you decide to be involved in child protection practices?
- d) What sort of challenges that you face through your interventions with children and their families?
- Personal (professional) challenges
  - Organisational challenges
- e) Do you feel the training equip you to practice within child protection?
- f) What you need to build your confidence and competence?

***Training programmes***

- a) Could you talk to me through the various trainings in relation to child protection you had since you have been in this role?
- Roughly when was that?
  - Why you did the training (i.e was it mandatory or optional)?
  - How you were booked on the course (i.e was it through your employers or did you have to book it yourselves)?
  - What did you like most about these training programmes and what did you like the least.
  - What aspects of this training could be improved?
- b) How do recent child protection programmes compare to what have been done in the past?
- c) To what extent do you feel that the content of existing child protection training programmes is relevant to your experiences and professional needs? Please describe in what ways is relevant?
- Do you think changes to current practices would be beneficial to child protection polices and procedures?
  - If yes, in what ways do you think these changes will be beneficial and if no explain why.

***Structure and processes of current professional training programmes in child protection practice to respond to child abuse.***

- a) What is your preferred location for attending a professional child protection training programme?
- Were the structure of the trainings formal or informal?



- Were there opportunities to engage with the trainers and ask questions or was it more like receiving lectures?
  - Were there practical aspects to the training?
  - To what extent do you think it is important for practitioners to attend these sort of training to respond to child abuse?
  - Are you able to attend these training programmes?
  - What are hindrances to some practitioners attending child protection training programmes?
  - Please tell me what type of professional training programme relation to child protection do you think is effective; for instance, lectures, workshops with discussion, personal training through websites, field training or others and why?
  - Please describe what aspects such training programmes in child protection practice should include, according to your job title, subject and qualification?
- b) What kind of contact do you have with students or trainees helping them with responding to child abuse?
- Do you have specific example/experience in working and monitoring social work students or trainees that you thought were particularly useful and creative?
  - What is your role in supporting social work students or trainees?

### ***Summing up***

- a) Do existing child protection training programmes meet the objectives of your organisation or does more need to be done? Please explain why you think so.
- b) Overall, how satisfied are you with the internal child protection training programmes (provided by your employers)?
- Very satisfied* ☐; *somewhat satisfied* ☐; *neither satisfied nor dissatisfied* ☐; *somewhat dissatisfied* ☐; *very dissatisfied* ☐
- c) Overall, how satisfied are you with external child protection training programmes (provided outside your organisation)?
- Very satisfied* ☐; *somewhat satisfied* ☐; *neither satisfied nor dissatisfied* ☐; *somewhat dissatisfied* ☐; *very dissatisfied* ☐
- d) In your view, what should be done to improve professional child protection training programmes to respond to child abuse in KSA?

- e) In your view, what are the skills that the practitioners should have to respond to child abuse in KSA?

### **B3 Interview Guide for Social Work Students**

#### ***Background information***

- a) At which institution are you currently studying?
1. Princess Nora University
  2. King Saud University
  3. Imam Mohammad Bin Saud University

#### ***University Courses***

- a) What areas of your curriculum help you understand child protection on your social work course?
- b) Please tell me what is your understanding of child protection work?
- c) What child protection topics have been covered in your courses?
- d) Have you been involved in the practice placements in child protection cases?
- Please give examples?
  - How well prepare you feel for child protection practice?
  - Do you feel that you prepared to identify and deal with child abuse cases? Why?
  - Do you feel confident enough to go out and practice?
  - How confident do you feel about identifying child abuse/safeguarding issues?
  - How confident do you feel in what to do if you are concerned?
  - What do you need to build your confidence and competence?
  - What are the challenges that you face in your training in child protection practices at the social protection centres or other institutions in Riyadh, KSA?
  - When you qualified, what area of social work you want to work on?

#### ***Future training programmes***

- a) Are there any additional professional child protection training programmes that you would like to have in the future?

- If yes, please describe what you would like to get out of a child protection training programme in the future, according to your subject and training area. If no, please explain why.
- What is your preferred location for attending a professional training programme in child protection practice?
- Please tell me what type of professional training programme in child protection practice do you prefer; for instance, lectures, workshops with discussion, personal training through websites, field training or others and why?

## **B4 Interview Guide for Training Providers**

### ***Background information***

- a) At which institution do you work?
  1. Social Protection Department
  2. Ministry of Social Affairs
  3. National Family Safety Programme
  4. Al-Wafa Association
  5. Schools (please specify: primary ☐; Secondary ☐ or high school ☐)
  6. Hospitals
  7. Other (please specify): \_\_\_\_\_
- b) What is your highest qualification?
  1. PhD
  2. Masters
  3. Bachelors
  4. Diploma
  5. Other (please specify): \_\_\_\_\_
- c) What is the subject of your degree?
- d) What is your professional qualification?
- e) What your job title?
- f) How many years of experience do you have of organising training programmes in general?

- g) How many years of experience do you have of organising training programmes in child protection?
- h) What is your background in social work and child protection?

### ***Training provision***

#### a) How the child protection training is organised?

- Who delivers the professional child protection training programme and how it is delivered?
- Are the courses compulsory for certain groups? Who are they?
- What groups of professionals do you organise training programmes for?

#### b) Content of the training programmes

- What is included in your training?
- How has this been developed?
- How does it continue to be developed?
- How long has this sort of training been available?
- What happened before and what difference do you think you make in relation to child protection? What is the evidence of that?
- What models of learning do you use?

#### c) Other things

- What kind of contact do you have with student helping them with responding to child abuse?
- Do you have specific example/experiences in working and monitoring social work students or trainees on child protection area that you thought were particularly useful and creative?

### ***Summing up***

- a) In your opinion, are your organisation's training programmes mostly enough or inadequate for protecting children from abuse? Please explain why.
  - In your view, what aspects of the training programmes equip practitioners in social protection centres to work effectively with children and families?
  - What informs the child protection training programmes?

- In what ways will changes to current practice be beneficial for children protection?
  - What makes you think that?
  - In your view, what type of professional training programmes do you think are most important to improve the performance of social work students and practitioners in responding to child abuse? For instance, lectures, workshops with discussions, personal training through websites, field training or others? And why?
- b) What is your experience in managing and designing internal and external child protection training programmes?
- c) In your experience, what are the challenges that you face in organising professional child protection training programmes for educators, students and practitioners?
- Do you get feed backs from participants?
  - Could you tell me what kind of feedbacks you have received?
  - How do you respond to these feedbacks?
  - How do you feel you have responded to the feedback?
  - How satisfied are you with your responses to the feedback?
- d) In your view, what should be done to improve professional training programmes to respond to child abuse in KSA?
- If you would have to design a programme to improve student's skills, what would it look like?
  - If you would have to design a programme to improve practitioner's performance, what would it look like?

## Appendix C: Social work students Survey

### Responding to child abuse in Saudi Arabia (KSA): The role of professional training

#### *Self-completion questionnaire for social work students in Riyadh*

##### **Background information**

##### ***1) At which institution are you currently studying?***

- Princess Nora University
- King Saud University
- Imam Mohammad Bin Saud University

##### ***2) Which level of study are you in?***

- Level 6
- Level 7
- Level 8

##### ***3) Which age group do you belong to?***

- Under 20 years old
- 20- 24
- 25- 30
- Over 30

### University Courses

<b>4) What areas of your social work course curriculum help you understand child protection?</b>	
▪ Social services with families and children	<input type="checkbox"/>
▪ Family and children skills and the application methods	<input type="checkbox"/>
▪ Social work in the area of crime and Reform	<input type="checkbox"/>
▪ Family and child care	<input type="checkbox"/>
▪ All the above	<input type="checkbox"/>
▪ Others	<input type="checkbox"/>

**5) Do you think you have enough information about child protection work in KSA?**

- Enough
- Not enough

<b>6) How well do you feel your university course has prepared you for child protection practice?</b>	
▪ Very well	<input type="checkbox"/>
▪ Quite well	<input type="checkbox"/>
▪ Not very well	<input type="checkbox"/>
▪ Not at all well	<input type="checkbox"/>

To what extent has each of the following topics addressed child protection issues?

Topics	Very well	Not very well	Not studied
<i>7) Duties and responsibilities of the social worker with family and childhood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>8) The skill of professional judgment to work with families and children.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>9) Introduction to Family and Children</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>10) Problems and issues of contemporary childhood with the presentation of professional practice models at the local level, regional and international</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>11) International organizations to take care of family and childhood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>12) The definition of childhood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>13) Rationale of studying childhood stages</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>14) Parental attitude to children</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>15) Child Development</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>16) The communication process in childhood</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>17) The role of social service to satisfy childhood needs and face their problems in different stages of their lives</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>18) Family education effective</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>19) Communication Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>20) The concept of family therapy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>21) Theories and techniques of family therapy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>22) Stages of family therapy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>23) Political and social dimensions – the connection between social deprivation and harm</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>24) Hidden/underreported/unacknowledged forms of harm, e.g. internet abuse, financial abuse o Inter- and intra-familial violence. Violence towards children and vulnerable adults; partner violence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>25) Ethnicity and cultural relativism; honour-related abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26) Using serious case reviews for both children and vulnerable adults.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Practice placement**

<b>27) What sort of practice placements have you experienced already?</b>	
▪ Schools	<input type="checkbox"/>
▪ Older people	<input type="checkbox"/>
▪ Children with disabilities	<input type="checkbox"/>
▪ Teenagers with mental health problems	<input type="checkbox"/>
▪ Young offenders	<input type="checkbox"/>
▪ Adults with learning disabilities	<input type="checkbox"/>
▪ Adults with a mental health problem	<input type="checkbox"/>
▪ Adults with a physical ability	<input type="checkbox"/>
▪ People with alcohol, drug or other substance misuse problems	<input type="checkbox"/>
▪ Refugees and asylum seekers	<input type="checkbox"/>
▪ People who are socially excluded	<input type="checkbox"/>
▪ Families where there is a risk of family breakdown	<input type="checkbox"/>
▪ Children who need to live apart from their families	<input type="checkbox"/>
▪ People, including children who are at risk of abuse or neglect, or have been abused and neglected	<input type="checkbox"/>
▪ Carers	<input type="checkbox"/>
▪ Others	<input type="checkbox"/>

**28) Have you been involved in child protection cases in your practice placements?**

- Yes ☐
- No ☐

**29) If yes, Please give examples?** (e.g. Types of cases , types of abuse, and your involvement).

	Not confident at all	Somewhat confident	Confident	Very confident
<b>30) How confident do you feel about identifying child abuse/safeguarding issues?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>31) How confident do you feel about identifying PHYSICAL ABUSE against children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32) How confident do you feel about identifying SEXUAL ABUSE against children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33) How confident do you feel about identifying EMOTIONAL ABUSE against children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>34) How confident do you feel about identifying NEGLECT of children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35) How confident do you feel in what to do if you are worried that a child may be experiencing abuse or neglect?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36) How confident do you feel about working with children who have experienced abuse or neglect?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>37) How confident do you feel about working with families where it is suspected that a child has/is experiencing abuse or neglect?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Thinking about social work and child protection in Riyadh, to what extent do you agree with each of the following:</b>	<b>Strongly agree</b>	<b>Agree,</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<i>38) The reporting procedures for child protection work are clear</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>39) The role of the social worker in child protection is clear</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>40) The involvement of professionals from other disciplines in child protection work is important</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>41) The roles of professionals from other disciplines in child protection work are clear</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>42) There are clear criteria to guide assessment of risk when child abuse is alleged or suspected</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>43) There are clear criteria to guide the type of intervention when there is risk of significant harm to a child</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>44) When there are concerns about possible child abuse, it is important to be able to interview the child concerned in person.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>45) There are clear processes and policies for interviewing children who may have experienced abuse</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>46) What do you think will help to build your confidence to protect children from abuse in the future?</b>	<b>Would help</b>	<b>Would not help</b>
▪ Intensify the practice placement in child protection area	<input type="checkbox"/>	<input type="checkbox"/>
▪ Increasing child protection and child abuse courses	<input type="checkbox"/>	<input type="checkbox"/>
▪ Obtain training in child protection procedures	<input type="checkbox"/>	<input type="checkbox"/>
▪ Shadow a child protection practitioner	<input type="checkbox"/>	<input type="checkbox"/>
▪ All the above	<input type="checkbox"/>	<input type="checkbox"/>
▪ Others	<input type="checkbox"/>	<input type="checkbox"/>

***Future training programmes***

<b>47) What areas of child protection work do you feel you would like more training in?</b>	
▪ Child protection system in KSA	<input type="checkbox"/>
▪ Children rights	<input type="checkbox"/>
▪ Definition of child abuse in KSA and internationally	<input type="checkbox"/>
▪ Referrals and investigations Investigating/assessing suspected child abuse.	<input type="checkbox"/>
▪ Types of abuse	<input type="checkbox"/>
▪ Serious case reviews	<input type="checkbox"/>
▪ Care proceeding	<input type="checkbox"/>
▪ Guidance on significant harm	<input type="checkbox"/>
▪ Other	<input type="checkbox"/>

<b>48) What is your preferred location for attending a professional training programme in child protection practice?</b>	
▪ National Family Safety Programme	<input type="checkbox"/>
▪ Social Protection Department	<input type="checkbox"/>
▪ Hospital	<input type="checkbox"/>
▪ Schools	<input type="checkbox"/>
▪ Universities	<input type="checkbox"/>
▪ Others	<input type="checkbox"/>

<b>49) Please tell me what type of professional training programme in child protection practice do you prefer?</b>	
▪ Lectures.	<input type="checkbox"/>
▪ Workshops with discussion.	<input type="checkbox"/>
▪ Personal training through accessing web-based materials.	<input type="checkbox"/>
▪ Field training	<input type="checkbox"/>
▪ Obtaining a diploma in working with child abuse	<input type="checkbox"/>
▪ Others	<input type="checkbox"/>

*Thank you for your participation*

**Appendix D: Protection from Abuse Act (2013) in  
KSA**

Kingdom of Saudi Arabia  
Bureau of Experts at the Council of Ministers  
Official Translation Department



*Law of Protection from Abuse*

*Translation  
Of Saudi Laws*

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Date: 15/11/1434H

**With the help of Almighty God,  
We, Abdullah ibn Abdulaziz Al Saud,  
King of the Kingdom of Saudi Arabia,**

Pursuant to Article 70 of the Basic Law of Governance,  
issued by Royal Order No. (A/90), dated 27/8/1412H;

And pursuant to Article 20 of the Law of the Council  
of Ministers, issued by Royal Order No. (A/13), dated  
3/3/1414H;

And pursuant to Article 18 of the Shura Council Law, issued  
by Royal Order No. (A/91), dated 27/8/1412H;

And upon perusal of the Shura Council Resolution No.  
(71/32), dated 22/6/1433H;

And upon perusal of the Council of Ministers Resolution  
No. (332), dated 19/10/1434H;

**Have decreed as follows:**

**First:** The Law of Protection from Abuse, as per the attached  
form, shall be approved.

**Third:** His Highness, the Deputy Prime Minister, the  
ministers, and heads of independent relevant agencies, each  
within their jurisdiction, shall implement this Decree of  
ours.

(Signed)

**Abdullah ibn Abdulaziz**



## Article 1

---

The following terms and phrases – wherever mentioned in this Law – shall have the meanings assigned thereto unless the context requires otherwise:

- Ministry: Ministry of Social Affairs.
- Minister: Minister of Social Affairs.
- Law: Law of Protection from Abuse.
- Regulations: Implementing Regulations of this Law.
- Abuse: any form of exploitation; physical, psychological or sexual, or the threat thereof committed by an individual against another exceeding the limits of powers and responsibilities derived from guardianship, dependency, sponsorship, trusteeship or livelihood relationship. The term “abuse” shall include the omission or negligence of an individual in the performance of his duties or responsibilities in providing basic needs for a family member or an individual for whom he is legally responsible.

## Article 2

---

This Law aims to:

- 1- ensure protection from all forms of abuse;
- 2- provide assistance, treatment and shelter as well as social, psychological and health care;



- 3- take necessary legal proceedings to hold the violator accountable and punish him;
- 4- raise community awareness about the concept of abuse and its implications;
- 5- address undesirable social behavior that indicates the existence of a favorable environment for the occurrence of abuse; and
- 6- set scientific and practical mechanisms to deal with abuse.

### Article 3

---

- 1- Anyone who becomes aware of a case of abuse must report it immediately.
- 2- Without prejudice to procedures set in other relevant laws, any public servant, civilian or military, as well as any employee in the private sector who becomes aware of a case of abuse, by virtue of his work, must report such case immediately to his employer, who in turn must report it immediately to the Ministry or the police. The Regulations shall specify reporting procedures.

### Article 4

---

- 1- The Ministry and police shall receive reports of abuse cases from victims, government entities; including relevant security and health authorities, private entities or witnesses.

- 2- If the police receives a report of a case of abuse, it shall take necessary procedures falling under its jurisdiction, and shall immediately refer the report to the Ministry.

## Article 5

---

- 1- The identity of a person reporting a case of abuse may not be disclosed except with his consent, or in cases provided for in the Implementing Regulations. Ministry employees and those who become aware of such cases of abuse, by virtue of their employment, shall maintain the confidentiality of such information.
- 2- Any public servant, civilian or military, as well as private sector employees, who violate any of the provisions relating to reporting cases of abuse stipulated in this Law, shall be subject to a disciplinary action in accordance with legally prescribed procedures.

## Article 6

---

A *bona fide* individual reporting a case of abuse shall be exempted from liability if it is established that such case is not a case of abuse, in accordance with the provisions of this Law.

## Article 7

---

The Ministry shall immediately, upon receipt of a case of abuse and upon ascertaining the report and assessing the case, take any of the following measures:



- 1- Take necessary measures which ensure the provision of necessary health care to victims of abuse, and make a medical evaluation of the case, if needed.
- 2- Take necessary arrangements to prevent the continuation or recurrence of abuse.
- 3- Provide family and social counseling to the parties involved if the Ministry decides to address the case within the confines of the family.
- 4- Summon any of the parties to the case or any relative thereof, or any person involved to take their statements. Necessary measures and undertakings shall be taken to ensure the necessary protection for the victims of abuse.
- 5- Subject the parties of an abuse case to psychological treatment or rehabilitation programs as appropriate for each case.

## Article 8

---

Without prejudice to the provisions of Article 7 of this Law, the Ministry shall, if it appears from the report that the case is serious and poses a threat to the life of the victim of abuse or his safety or health; take all necessary measures to deal with such case in accordance with its degree of seriousness, including notifying the governor or the relevant security authorities to take necessary measures, each within their respective jurisdiction, and coordinate with said authorities to ensure the safety of the victim of abuse including his

transfer or the transfer of the aggressor – if necessary – to a proper place until the danger has passed.

## Article 9

---

If the Ministry finds that dealing with a case of abuse requires urgent intervention or access to the place where the incident of abuse has occurred, it may seek the assistance of the competent security authorities. Said authorities shall respond immediately to the request according to the nature of each case and degree of seriousness.

## Article 10

---

The Ministry shall take into account – when dealing with any case of abuse – the degree, kind and frequency of violence, provided that any of the means used in treatment do not result in greater harm to the victim, or adversely affect his family or livelihood. In dealing with abuse cases, priority shall be given to preventive and counseling measures, unless the case requires otherwise.

## Article 11

---

If the Ministry deems that the incident of abuse constitutes a crime, it shall notify the competent detecting and recording authority to take necessary legal action.





## Article 12

---

The Ministry shall follow cases of abuse that it refers to the competent detecting and recording authority, in accordance with Article 11 of this Law. Said authority shall notify the Ministry of action taken regarding each case.

## Article 13

---

Without prejudice to any severer penalty prescribed under Sharia or law, a person who commits an act that constitutes a crime of abuse specified in Article 1 of this Law shall be subject to imprisonment for a period of not less than one month and not more than one year and a fine of not less than five thousand and not more than fifty thousand riyals, or to either punishment. In case of recidivism, the punishment shall be doubled and the competent court may issue an alternative punishment for the freedom-depriving punishment.

## Article 14

---

Provisions and procedures provided for in this Law shall not prejudice the obligations of other competent authorities, nor shall they prejudice any more favorable right of protection from abuse stipulated in another law or an international convention to which the Kingdom is party.

## Article 15

---

The Ministry shall, in cooperation with the relevant authorities, take all appropriate preventive measures for

protection from abuse. To this end, it may, without limitation, do the following:

- 1- Raise awareness of the concept of abuse, its seriousness and adverse effects on an individual's personality as well as stability and solidarity of the community.
- 2- Take necessary action to address undesirable social behavior conducive to creating an environment leading to the occurrence of abuse.
- 3- Provide authenticated statistical data on abuse cases to be utilized in devising treatment mechanisms and the conduct of scientific research and studies.
- 4- Promote awareness and educational programs that aim to curb abuse through media and other means.
- 5- Organize specialized training programs for all persons involved in dealing with abuse cases, including judges, detecting and recording officers, investigation officers, physicians, specialists and others.
- 6- Raise awareness of community members, particularly the most vulnerable to abuse, of their rights under Sharia or law.
- 7- Intensify family counseling programs.
- 8- Support and conduct scientific research and studies relating to protection from abuse.

## Article 16

---

The Minister shall issue the Regulations within 90 days from the date of publication of this Law in the Official Gazette. Said Regulations shall enter into force as of the date the Law enters into force.

## Article 17

---

This Law shall enter into force 90 days after the date of its publication in the Official Gazette.



# **Appendix E: Child Protection from Abuse Act (2015) in KSA**



*Kingdom of Saudi Arabia  
Experts body of the council of ministers*

## **Children Protection from Abuse Act**

### **Chapter One**

#### **Definitions, objectives, abuse and negligence cases**

##### **Article 1**

For the purposes of this system, the following words and expressions meant – wherever appears in this system – the described meanings in front of each of them, unless the context requires otherwise:

- 1- The child: every human being who do not exceed the eighteen years old.
- 2- The abuse: every type of abuse against the child or exploiting him/her or threatening thereof such as:
  - The physical abuse: exposing the child for physical abuse or hurt.
  - The psychological abuse: exposing the child for maltreatment, which may cause psychological or health hurt.
  - The sexual abuse: exposing the child for any kind of sexual abuse or hurt or exploitation.
- 3- Negligence: never meeting the main needs of the child or shortening in that, which including: the physical, health, emotional, educational, pedagogical, intellectual, social; cultural and security needs.
- 4- Regulation: the executive regulation of this system
- 5- Relevant authorities: the authorities which are relevant with child protection, according to the determination by the regulation.

##### **Article 2**

This system aims to the following:

- 1- Emphasis on what has been decided by the Islamic Shari'ah and the international and systems and conventions that the kingdom is a part of it and which maintaining on the child's rights and protecting him/her against every type of abuse and negligence.
- 2- Protecting the child against every type of abuse and negligence and their aspects that the child may expose in the surrounding environment around him/her (home, school, district, the public places, the care houses, municipality or national and governmental establishments or the like) whether the abuse was by a person who has jurisdiction over the child or under his responsibility or has a relation with the child of any kind or by who else.
- 3- Ensure the child's rights who has exposed for abuse or negligence by providing the necessary care for him/her.
- 4- Raise the awareness with the child's rights, especially what relates with his protection against abuse and negligence.

### **Article 3**

It meant by abuse or negligence that the child is to be exposed to any of the following:

- 1- Keeping the child without any family document
- 2- Not extracting the supporting document or hiding them or not maintaining on them.
- 3- Not completing the necessary health vaccinations.
- 4- Causing the interruption for education
- 5- His existence in an environment in which he may expose for danger.
- 6- Maltreatment
- 7- Sexual harassment or exposing to the sexual exploitation
- 8- Exploiting the child financially like in crimes or begging
- 9- Using the abusive words which reduces the child's dignity or leads to contempt him/her.
- 10- Exposing the child to sexual scenes or criminal scenes or unsuitable for his age
- 11- Discrimination against the child for any ethnic, social or economic reasons
- 12- Continual explicit shortening in the child's education or care
- 13- Allowing the child to drive a vehicle underage
- 14- Anything may threaten the child's safety or his physical or psychological health

### **Article 4**

The child is considered exposed to the danger of deviation in any of the following:

- 1- Practicing begging or any illegal act

- 2- Released from the parents' authority or who is authorised on the child
- 3- Get used to escape from his home or from the sheltering establishments
- 4- Get used to sleep in places not suitable for residence or staying.
- 5- Get used to go to the suspicious places – morally or socially – or the places which are unsuitable for his age, or communicating with displaced and corrupt.
- 6- Doing works relating with prostitution or debauchery or gambling or drugs or alike; or serving who is doing that.

## **Chapter Two**

### **The child's right in protection**

#### **Article 5**

The child in all circumstances has the priority to enjoy with protection, care and relief

#### **Article 6**

The child has the right in protection against all types of abuse or negligence.

#### **Article 7**

The child, who has no suitable family environment and may expose for abuse or negligence, has the right in alternative care through the following:

- 1- The foster family which undertakes the child's care and sponsorship
- 2- The social governmental, national or charitable care establishments, if a foster family is not available and the necessary procedures must be determined for that.

## **Chapter Three**

### **The prohibitions that are relating with the child's protection**

#### **Article 8**

Without prejudice to the labor system, it is prohibited to labor the child before reaching fifteen years old, and also it is prohibited commissioning the child with works may harm his safety or his physical or psychological health, or using him/her in the military works or the armed disputes

#### **Article 9**

It is prohibited to exploit the child sexually, or exposing him /her for the sexual exploitation or trade with the child in crimes or begging

#### **Article 10**

It is prohibited to use the child in the places which produces drugs or psychotropic substances or dealing with them in any way.

#### **Article 11**

1- It is prohibited for the child to sell tobacco or its derivatives and other substances which may damage the child's safety and also it is prohibited to use the child in purchasing, producing or selling these substances or making promotions for it.

2- It is prohibited to import and sell the child's toys or the candy which are in the shape of cigarette or any tool of smoking tools.

3- It is prohibited to show the scenes which encouraging the child on smoking and also it is prohibited to smoke during his existence.

#### **Article 12**

It is prohibited to produce, deploy, show, deal or have any printed, visual or audio item which may stir his desire which may lead to commit any conduct contradict with the rules of the Islamic Shari'ah or the general system or the general ethics or may encourages the child against deviation.

#### **Article 13**

It is prohibited to share the child in the competitions or the sporting or entertaining activities which may expose the child's safety or health for danger

#### **Article 14**

Without prejudice to the other systems, it is prohibited to make any interference or medical procedure for the baby except for an interest or medical necessity

### **Chapter Four**

#### **The child's right in care and responsibility towards a child**

#### **Article 15**

1- The parents of the child or any one of them or who is taking care of them are considered responsible, in the limits of their financial capabilities and abilities, of educating the child and warranty his rights and working on providing the welfare for protecting him/her against any abuse or negligence.

2- The relevant authorities will take the necessary arrangements to ensure the commitment of the child's parents – or whom taking care of him/her – to bear responsibility towards a child, and maintaining on his rights and protecting him/her against abuse or negligence.

3- In case that the parents separated, the child must ensure having the right of visit and communicate with any of them unless the child's interest requires otherwise.

#### **Article 16**

All authorities must care about the child's interest in all the procedures which may be taken for him/her and make it faster to fulfill them, and to care about the intellectual, psychological, physical, educational needs of the child which goes along with his age and health.

#### **Article 17**

The relevant authorities should take the arrangements of the care and reformation as fast as possible if the child exposed in his environment to the danger of deviation in his intellectual or psychological, physical or educational safety.

#### **Article 18**

The relevant authorities should take the necessary arrangements for the following:

- 1- Play an active role in the field of prevention and health guidance and awareness of the children's rights, especially what is relating with his health and nutrition and the advantages of the natural breastfeeding and the safety of his thinking and protecting him /her against accidents and the danger of smoking and showing its danger during pregnancy and clarifying the children's rights, and that through the various media means.
- 2- Supporting the system of the school health to play its role completely in the field of prevention and health guidance.
- 3- Ensure the children's right in getting the appropriate education for his age.
- 4- Prevention against injury against infectious and dangerous diseases
- 5- Securing the child against any injuries may result the vehicles' accidents or others.
- 6- Protecting the child against and danger may result from the environmental pollution.
- 7- Eliminating the suffering of the children whom live in critical circumstances like the disputed children and the street children and displaced children and the victims of disasters and wars.

#### **Article 19**

The relevant agencies and authorities should put health, educational, psychological and social programs to rehabilitate the child who has exposed for any type of abuse or negligence.

#### **Article 20**

The relevant agencies and authorities must determine the comprehensive quality standards for the toys which are locally manufactured or the imported ones, which it

should be applicable for the health, cultural and environmental standards and specifications and also the safety means and must be applicable to the Islamic shari'ah

#### **Article 21**

The rules and procedures that are stipulated in this system must include the following:

- 1- The obligations that are based on the other concerned authorities, each according to its specialization.
- 2- Any rule guarantee better protection for the child stipulates in another system or international conviction, the kingdom is a party in it.

### **Chapter Five**

#### **Reporting about the violation of the system and its regulation and the time of using it**

##### **Article 22**

- 1- All who may see case of abuse or negligence should inform the authorised agencies immediately.
- 2- The authorised agencies should facilitate the procedures of reporting on abuse or negligence cases especially reporting on the children.
- 3- The regulation should determine the procedure of reporting against abuse or negligence and how to deal with it,

##### **Article 23**

- 1- With regard to what mentioned in the clause (3) of the article (twenty-two) of this system, the investigation and prosecution organization should undertake the investigation in the violations of this system and establish the case in front of the authorised court.
- 2- With regard to what is required by the other relevant systems, the authorised court will undertake the matters of violating the rules of this system, and will determine the appropriate punishment which will be applied on the violator.

##### **Article 24**

The minister of social affairs issues the regulation within (ninety) days from the date of publishing this system in the official newspaper after coordinating with the ministry of interior and the ministry of education and the ministry of health and the human rights' organization and other relevant authorities, all in its concern, and it works out from the date of applying this system.

##### **Article 25**

This system will be working after (ninety) days of the date of publishing it in the official newspaper.